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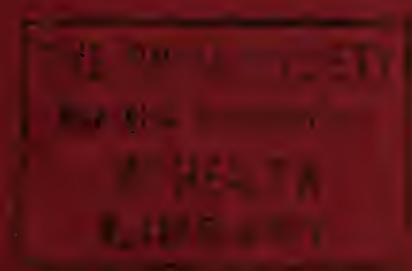
1962.

PARLIAMENT OF TASMANIA.

## DEPARTMENT OF HEALTH SERVICES

REPORT FOR THE YEAR ENDED 30TH JUNE, 1962.

*Presented to both Houses of Parliament by His Excellency's Command.*



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Report of the Department of Health Services for the Year  
Ended 30th June, 1962

Department of Health Services,  
Hobart, 21st November, 1962.

The Hon. the Minister for Health.

I have the honour to present the Report of the Department of Health Services for the period 1st July, 1961, to 30th June, 1962.

LEGISLATION

1. *Cosgrove Park Act*

Provides for further development at Cosgrove Park. A separate committee has been set up to raise funds for the building of a block of flatlets to be run in conjunction with the rest of the unit at Cosgrove Park.

2. *War Veterans' Home (Management) Act*

The War Veterans' Home Act was passed by Parliament in 1937 and provided for the Government to take over and run Gellibrand House. It was apparently intended at that time to introduce the Management Bill to provide statutory powers for the Board of Management to administer the Home. However, owing to the War and the passage of time, the Bill was never introduced. This new Act remedies the situation.

3. *Hospitals Act*

Provides hospital employees with similar conditions to public servants in regard to long service leave.

4. *Pharmacy Act*

In 1959, Parliament amended the Act to provide that certain medicines and drugs approved by the Pharmacy Board could be sold in grocers' shops. This amendment permits the list to continue for a further two years.

5. *Sexual Offences Act*

This amendment provides for examination orders and proceedings after examination for sexual offenders, following Court proceedings.

6. *Meercroft Home for the Aged*

The amendment provides for the allocation of more land to the Meercroft Home for the Aged Board, so that it can develop homes for the aged by—

- (1) building three more duplex homes (i.e., six altogether).
- (2) planning for the extension of the hospital, when it becomes vacant on completion of the new maternity hospital, as a home for single aged people.

7. *Radioactive Substances Act*

This Act was passed some years ago and since its inception certain difficulties have arisen. These amendments are to abolish that section of the Act which obviates the necessity for doctors, dentists radiographers and veterinary surgeons to be licensed for the purpose of possessing or housing X-ray machinery. The amendments also provide for authorized persons to enter premises to inspect or test any radioactive substances or irradiating apparatus. A further amendment provided for power to make regulations governing the issue of different types of licences.

8. *Public Health Act*

This amendment provides statutory authority for the Government to make payments to Municipal Authorities desirous of fluoridating water supplies.

9. *Medical Act*

The amendment to the Medical Act was necessary because students who have recently completed their medical duties at Australian universities, but who are not British subjects, are not eligible for professional registration in Tasmania during their compulsory one year's postgraduate training. It was most desirable to amend the Act in order that the services of these doctors can be obtained for Tasmania and in order that they can complete their medical training in Australia and become eligible for full registration throughout most of the British Commonwealth.

10. *St. John's Park Improvement Act*

Provides for the closure and removal of the cemetery at St. John's Park, and for the conversion of this area into a place of quiet recreation.

DEPARTMENTAL REVENUE

The revenue for the year 1961-62 amounted to £434,213, which was £26,067 more than that for 1960-61. Comparative receipts were:—

	1960-61	1961-62
	£	£
District Nursing .....	14,098	12,707
Mothercraft Home .....	4,102	4,354
Government Analyst .....	1,243	790
Nurses' Registration Fees .....	789	1,578
Pharmaceutical Benefits .....	87,871	84,891
Nelumie Home .....	1,667	1,780
Other Fees and Licences .....	1,353	1,383
Red Cross Blood Transfusion .....	5,520	5,775
Poliomyelitis Injections .....	1,637	740
Sub-Total .....	£118,280	£113,998



	1960-61	1961-62
	£	£
Lachlan Park Hospital .....	11,198	10,478
Millbrook Rise Psychopathic Home	15,524	16,525
Government Institution for Defec-		
tives .....	8,148	12,827
Lachlan Park Farm Suspense ....	2,348	729
St. John's Park .....	82,391	89,306
Chest Hospitals .....	170,257	190,350
	<u>£408,146</u>	<u>£434,213</u>

#### DEPARTMENTAL EXPENDITURE.

The expenditure for the year from the Appropriation Act was £3,848,529 which was an increase of £348,374 over 1960-61. Comparative costs were:—

	1960-61	1961-62
	£	£
Administration .....	73,741	81,297
Hospital and Medical Services .....	52,009	56,557
National Fitness .....	12,268	13,196
Nurses' Registration Board .....	1,154	1,227
Medical Services—Country Dis-		
tricts .....	44,602	40,297
District Nursing Service .....	76,297	77,210
Public Health—Administration .....	33,923	44,202
School Medical Service .....	33,624	35,184
School Dental Service .....	59,253	57,771
Child Health Service .....	56,442	55,811
Mothercraft Home .....	23,964	28,337
Government Analyst .....	19,374	18,738
Grants to Hospitals .....	1,824,890	2,039,482
Other Grants .....	86,952	110,722
Tuberculosis Division—Administra-		
tion .....	66,699	66,763
Chest Hospitals .....	149,518	148,797
Mental Health—Administration .....	30,612	38,947
Lachlan Park Hospital and Mill-		
brook Home .....	531,890	571,276
Nelumie Home, Launceston .....	7,234	10,489
St. John's Park .....	315,709	352,226
	<u>£3,500,155</u>	<u>£3,848,529</u>

#### BUILDING PROGRAMME

The gross expenditure for the year from Loan Funds was £1,455,162. Of this amount £15,000 was refunded by the Commonwealth Government as its contribution to the Chest Clinic at the Royal Hobart Hospital. The Tasmanian Government Insurance Office also paid an amount of £2000 covering the insurance of the contents of the Men's Hostel at Lachlan Park Hospital, which was destroyed by fire. Further refunds amounting to £923 were also received, leaving a net expenditure of £1,437,239. Important works completed or substantially completed during the year include—

St. John's Park—New office accommodation.  
 Queen Alexandra Maternity Hospital—Remodel  
 Labour Wards.  
 Spencer Hospital, Wynyard—New X-ray Depart-  
 ment.  
 Lyell District Hospital—New Outpatients' and  
 X-ray Department.

#### Works in progress include—

Lachlan Park Hospital—Two Medical Officers' residences.  
 Royal Hobart Hospital—New Outpatients' Department; air conditioning operating theatres.  
 Mersey General Hospital—Convert old general hospital to Geriatric Hospital; new Maternity Hospital, Devonport.  
 Smithton District Hospital—New hospital and nurses' home.  
 Spencer Hospital—New Geriatric Wing.  
 Queen Victoria Hospital—additions and reconstruction.  
 Burnie General Hospital—Additional floor providing new operating theatre suites.  
 New Norfolk—New District Hospital.  
 Scottsdale—New operating theatre; alterations to kitchen; nurses' dining room, and stores; new wing to Nurses' Home.  
 Ulverstone—New Nurses' Home and Services Block.

During the year we received the very welcome news from the Council for Scientific and Industrial Research Organization and Department of Mines that as a result of their very extensive and detailed investigations on the proposed site of the new Queen Victoria Hospital at Launceston, it was determined that this project could proceed. Thus ended a long period of doubt during which this Department was greatly distressed by being made the subject of bitter and unjust criticism.

As stated in last year's report, continued activity up to the maximum permitted by the amount of Loan Funds granted to this Department has been pursued.

As will be seen from the list above a large number of major undertakings are in active stages of progress. As in the past forward planning continues to ensure that necessary works are commenced to the maximum of the Department's competence.

#### OFFICIAL OPENINGS

On the 6th August, 1961, the then Acting Minister for Health and Minister for Education (Hon. W. A. Neilson, M.H.A.) officially opened the new Women's Hospital Division at St. John's Park. This provides fifty-two female beds. The suggestion was made that this new wing should be named the "Bruce Carruthers Wing" in memory of my predecessor Dr. Bruce Carruthers. This proposal was generally applauded and received wholehearted support, in view of the fact that Dr. Carruthers always showed a most intense and active interest in the work of St. John's Park. The new wing, therefore, is now called the Bruce Carruthers Wing.

You will recall the opening of the new Nurses' Home at Lachlan Park Hospital, which you opened officially on 6th December, 1962. This very fine building provides accommodation for forty-five nursing staff and eight domestic staff. The building incorporates all the latest ideas in nurses' accommodation and is a major step forward in the reconstruction of Lachlan Park Hospital. It is hoped that the provision of these new quarters will assist in the recruitment of trained nursing staff.

The 15th December, 1961, also brings to mind your official opening of the Spurr Hostel attached to the Launceston General Hospital. This hostel provides accommodation for those people from the country who have of necessity to stay in Launceston for periodic deep X-ray therapy at the hospital over a week or so. In the past such country visitors have been put to a great deal of expense and discomfort by having to find their own accommodation in the city and, in addition, to find their own way up to the hospital. The Spurr Hostel obviates these difficulties for people already under stress by reason of their complaint. The building is most suitable for the purpose and is placed very close to the hospital. It has been most competently redesigned and comfortably furnished. Other uses of a similar nature have been visualised, for example the accommodation of country relatives of patients at Launceston General Hospital who are dangerously ill. Altogether it has proved a most successful venture. It has been named in honour of the late Mrs. Wilga Spurr who made a generous bequest to the hospital.

On the 16th December, 1961, was the official opening by yourself of the new X-ray Department at the Spencer Hospital, Wynyard. This



very fine new wing provides a new X-ray Department, a plaster room, a new theatre, sterilising room and equipment. Thus in several ways obsolete accommodation has been replaced.

#### DEPARTMENTAL ACCOMMODATION

Considerable relief was afforded this Department by the granting of sufficient accommodation at 59 Collins Street, Hobart, for housing of the Public Health Division. For quite some time now I have represented the necessity of further accommodation being allotted to the Department which over the years had become more and more overcrowded to the stage of affecting efficiency. The move of the Public Health Division to the Collins Street accommodation afforded that Division much needed relief and also enabled the Headquarters of the Department to relieve its chronically overcrowded state.

#### DISTINGUISHED VISITORS

During the year the Department was fortunate enough to be visited by several distinguished people. As you will realise, such visits are of much benefit to this Department and to Tasmania.

In March, we received news from the Country Women's Association that we should be receiving a visit from the Viscountess Broome who was Chairman of Committee at Canterbury Hospital, England, for many years, and who was most anxious to see something of hospital and medical work as we carry it out in Tasmania. Lady Broome visited the Royal Hobart Hospital and Nurses' Home and also St. John's Park. Subsequent to these visits the Viscountess expressed her great interest in what she saw and complimented all concerned on the efficiency of these two establishments. She also expressed her admiration for the very fine voluntary work which was carried out by both men and women.

Another celebrated visitor and one of great interest to this State was that of Dr. Lionel Cosin who is Clinical Director of the United Oxford Hospitals, Oxford, England. This group is one of the most advanced research centres in the world in the rehabilitation of the aged. In connection with Dr. Cosin's visit a Geriatric Conference, the first of its kind to be held in Tasmania, was convened and took place at Cosgrove Park from 8th to 10th December, 1961. This Conference gave an opportunity for all matters concerning Geriatrics and Gerontology to be discussed with him. Dr. Cosin also addressed the Conference on the subject "The Organization of a Geriatric Unit". Other guest speakers read papers on subjects pertaining to the care of the aged, e.g., Occupational Therapy, Dietetics, &c. The Conference was so successful that it is proposed to make it an annual feature of the Tasmanian scene and to invite an eminent guest speaker on each occasion.

Dr. Cosin inspected the two main Geriatric institutions maintained by the Department, viz.—St. John's Park and Cosgrove Park. He expressed most pleasurable surprise on the obvious efforts being made to provide the elderly with the most suitable accommodation and care possible, which he considered most admirable.

During the year, it was with the very greatest pleasure that we welcomed the wife of His Excellency the Indonesian Ambassador (Brigadier General Suadi Suromihardjo). Mrs. Suadi was interested in child welfare work and expressed a wish to see the Royal Hobart Hospital and visit a kindergarten. In consequence, the Royal Hobart Hospital was greatly honoured by a visit from

Mrs. Suadi who subsequently inspected the Lady Gowrie Child Centre.

Later in the year we were pleased to welcome Mr. Joseph Griffith who is the Administrator of the Royal Perth Hospital. Mr. Griffith is one of the ablest and most knowledgeable hospital administrators in Australia, and his visit was of the greatest interest to this Department.

#### SPECIALIST AND MEDICAL SERVICES

The provision and maintenance of these services has become increasingly difficult. There are many gaps in these services, and in some cases these gaps appear to be permanent. Great trouble and expense has been gone to with a view to filling them but with frequently negative results. I feel that these failures are largely due to inadequate financial reward and also too rigid legislation governing the conditions by which salaries are fixed. This State is professionally speaking at a disadvantage with the other States of the Commonwealth. It is isolated from other main medical centres and has no medical school with its attendant advantages and attractions for medical men. There is no medical research establishment nor are there any professorial or teaching units in the hospitals. It is therefore most difficult, if not very nearly impossible to counteract the medical attractions of the mainland States other than by financial means. Moreover, the only means whereby appointments can be made financially more attractive is by more than matching the salaries paid on the mainland. At the present time, even if this principle were acknowledged and adopted, current legislation does not permit it. Furthermore, it would be most advantageous and would lead to greater contentment in the salaried medical services of this Department if more sympathetic consideration could be given to advice of the medical organization responsible for the welfare of salaried medical officers.

#### DISTRICT MEDICAL SERVICE

In January, 1961, the Medical Officers' Award became effective resulting in an increase in District Medical Officers' salaries of about sixpence a week. During the period from that time until 30th June, 1962, the Department has been faced with a resignation rate from District Medical Officers continuing at the same level which prevailed during the preceding three to four years.

There are fifteen practices and there was a turnover of ten doctors during the eighteen months prior to June, 1962. All but one of the new doctors were from the United Kingdom. The one was a doctor holding foreign qualifications, who trained under the Medical Act and is practising under licence from the Medical Council.

Since 1957, five foreign doctors have trained in Tasmania. Three Australian graduates (one of whom was eventually de-registered) and two Tasmania Medical Bursary-holder graduates have joined the service out of about 30 new appointees.

This turnover, and the fact that we depend almost entirely on recruiting from the United Kingdom, illustrate the difficulties confronting the Department in maintaining a full establishment of District Medical Officers.

The professional and other standard of recruits from the United Kingdom have been high, but the big discrepancy between the income and facilities obtainable in private practice, compared with that obtainable in the District Medical Service, accounts for the high resignation rate.



Besides providing public medical services for considerably less than charges made by private practitioners, even taking into account consideration of the overhead expenses of private practitioners, the District Medical Officers have the additional disadvantage of the added cost of living and schooling associated with the country areas, and the clinical isolation which means extra clinical responsibility, compared with that of city general practitioners. The practitioner and his family are also remote from the general facilities enjoyed in the larger towns and cities by colleagues and their families practising in the metropolitan and urban areas. It is significant that Australian graduates, familiar with the potentialities of private practice, do not apply for district medical officer posts, and that a big proportion of the appointees from the United Kingdom leave the service after a year or so to join the ranks of private practitioners in the larger towns and cities.

Fortunately, some of our district medical officers prefer country life to town life, and this is the main reason they remain permanently in the Service, despite a marked financial disadvantage. However, such doctors are few and far between, and most are not prepared to sacrifice the extra remuneration available in private practice in the towns and cities, as well as the general professional and domestic facilities available, although some would doubtless forego the lack of the latter provided the remuneration was comparable.

To have frequent changes of doctors is professionally a disadvantage to the community concerned, as the doctor does not have the benefit of knowing his patients as the true family doctor should. It would appear that it would go a long way towards stability within the District Medical Service if it could be ensured that the District Medical Officer's remuneration were comparable with the remuneration he could obtain for a similar volume of work in private practice.

#### NORTH-WEST HOSPITALS MEDICAL REORGANIZATION

To conform with the new modernised Mersey General Hospital and with the proposed enlargement and mainly reconstructed Burnie General Hospital, it was decided that the old appointments of Surgeon Superintendent should be abolished. The services provided by these two new and modern hospitals would not permit of one man attempting to combine medical administration with surgery. In consequence, it was decided that the present Surgeon Superintendents should be appointed as Surgeons in charge of Surgical Services and that two new posts of Medical Superintendent should be created. This has been done, and the Medical Superintendent appointment at Mersey General Hospital has been filled. It is anticipated that the Burnie appointment will be filled before the end of the calendar year. This reorganization will permit a better hospital service to be provided.

#### RETIREMENT

This year saw the retirement of four senior officers of the Headquarters of the Department—the Chief Administrative Officer, Mr. T. E. Parry; two Inspecting Sisters, Miss D. K. Noller and Miss K. J. Widdicombe; and the Chief Clerk, Mr. Harold Green. All these officers had given this Department loyal, conscientious and competent service over a period of many years. All four upheld the very best traditions of the Public Service. The Department thus experienced a

sense of loss which, however, has been very greatly compensated for by the excellence of the officers appointed to replace them. We wish the four officers mentioned above great happiness and contentment in their retirement.

#### HOSPITAL AUXILIARIES

The invaluable and very wide services provided by the Auxiliaries of the hospitals and institutions maintained by this Department have become more and more evident from year to year. The very nature of the services provided by these institutions entails never ending progress, and thus these services become more complex and cover wider fields as time goes by. That the Auxiliaries have measured up to the challenge that this presents indicates the competence and enthusiasm which they bring to bear in their work. The work of Auxiliaries is becoming more and more important and valuable to this Department and the State and, therefore, I wish to express our sincere thanks and admiration to the Auxiliaries for their irreplaceable help.

#### STATE DRUG ADVISORY COMMITTEE

Several meetings of the Committee were held during the year. An extensive variety of drugs was considered by the Committee with a view to their inclusion in the catalogue of the Central Medical Store for general issue or their supply in some restricted form or inclusion as a supply.

The machinery adopted by the Committee to receive requests and promulgate advice was revised from time to time during the year as it was found necessary and this has resulted in a more streamlined organization which has overcome most practical difficulties.

Close liaison has been maintained between this Department and the Supply and Tender Department over the organization of the Central Medical Store and the Supply and Tender Department has been most co-operative. It is understood that organizational changes will be introduced in due course which will enable the Central Medical Stores to function as a more independent division of the Supply and Tender Department and that this will enable certain procedures connected with the receipt of requisitions and the despatch of supplies, to be expedited.

#### MEDICAL RECORD OF BIRTH STATISTICS

The survey was concluded in February and all the data obtained will be processed by the Commonwealth Statistician's Department during the year. It is anticipated that by early February, 1963, Professor Townsend of Melbourne will have analysed the information contained in about 175 tabulations prepared from the survey and will present the conclusions to the profession in Tasmania.

The survey was unique in the British Commonwealth and World Health Organization authorities have expressed interest in the outcome.

#### TRAINING UNDER THE MEDICAL ACT OF DOCTORS HOLDING ONLY FOREIGN QUALIFICATIONS

Two doctors holding foreign qualifications began their training in October, 1961 with a view to taking a qualifying examination in September, 1962.

Of the two doctors who began their training in October 1960, one failed to pass his examination in September, 1961.



TABLE 1.  
Intermediate List of (150 Groups of) Diseases.

(a) A Code:—	Cause Groups	Patients			Age Groups								Disposal				R.	R.T.		
		M.	F.	Total	0-5		6-10		11-20		21 and over		Improved		Unchanged				Died	
					M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
1	20	29	49	..	1	..	1	3	1	19	24	13	18	9	11	..	1	3	..	
2	1	..	1	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	
3	..	2	2	..	..	..	..	..	..	..	2	..	1	..	2	..	..	1	..	
4	5	6	11	..	..	..	..	2	3	6	..	5	10	2	..	..	..	6	..	
5	4	3	7	..	1	..	..	..	2	2	..	4	4	4	1	..	1	7	..	
6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
7	..	2	2	..	..	..	1	..	..	1	..	..	2	..	..	..	..	..	..	
8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
9	..	1	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	
10	..	7	10	..	..	..	..	..	..	1	..	3	7	..	1	..	1	1	..	
11	3	1	3	1	..	..	..	5	..	1	..	2	1	..	..	..	..	..	..	
12	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
13	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
16	6	1	7	1	1	..	1	..	..	5	..	8	1	..	..	..	..	2	..	
17	..	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	
18	..	9	16	..	4	..	2	1	..	2	2	6	9	1	..	..	..	..	..	
19	1	5	6	..	..	..	..	..	..	1	4	2	5	..	1	..	1	1	..	
20	6	3	9	..	..	..	1	1	..	2	..	5	2	..	..	..	..	..	..	
21	..	..	..	..	..	..	..	..	..	..	..	..	15	..	..	..	..	..	..	
22	..	15	26	10	1	..	1	1	..	..	..	11	15	..	..	..	..	..	..	
23	..	8	14	5	1	1	1	1	..	..	3	6	6	..	..	2	..	..	..	
24	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
25	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
26	..	2	2	..	..	..	..	1	..	..	1	2	..	..	..	..	..	..	..	
27	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
28	..	1	2	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	
29	..	14	16	3	..	..	1	6	1	5	1	16	2	..	..	..	..	2	..	
30	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
31	..	7	12	..	..	1	3	3	3	2	3	10	3	..	3	1	5	..	..	
32	..	7	19	5	1	1	1	1	..	2	..	7	9	..	3	..	..	..	..	
33	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
34	..	55	113	5	3	12	8	11	17	27	30	52	58	2	..	3	2	..	..	
35	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
36	..	2	4	..	..	..	..	..	..	2	2	2	2	..	..	..	..	..	..	
37	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
38	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
39	..	13	16	1	1	2	..	1	..	9	2	19	3	5	1	..	..	12	..	
40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
41	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
42	..	..	2	..	1	..	..	..	..	..	1	..	3	..	..	..	..	1	..	
43	..	67	121	11	14	17	4	14	15	25	21	64	52	2	3	1	2	..	..	



TABLE 1.—Continued.

TABLE 1 INTERMEDIATE LIST OF (150 GROUPS OF) DISEASES <i>Cause Groups</i>															Patients				Age Groups								Disposal				R.		R.T.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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															M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.						M.	F.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
A 44	Malignant neoplasm of buccal cavity and pharynx .. .. .	7	6	13	..	..	..	..	..	7	6	4	6	3	1	3	3	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..





TABLE 1.—Continued.

INTERMEDIATE LIST OF (150 GROUPS OF) DISEASES	Patients			Age Groups								Disposal				R.	R.T.		
				0-5		6-10		11-20		21 and over		Improved		Unchanged				Died	
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
Cause Groups	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A 128 Congenital malformations of circulatory system .. .. .	31	22	53	18	18	2	..	1	2	10	2	14	13	17	6	7	17		
A 129 All other congenital malformations .. .. .	102	67	169	53	37	13	6	15	7	21	17	111	78	21	..	3	63		
A 130 Birth injuries .. .. .	2	1	3	2	1	..	..	..	..	..	..	2	1	..	..	..	..		
A 131 Postnatal asphyxia and atelectasis .. .. .	2	6	8	2	6	..	..	..	..	..	..	1	4	1	..	1	..		
A 132 Infections of the newborn .. .. .	5	2	7	5	2	..	..	..	..	..	..	4	2	1	..	..	..		
A 133 Haemolytic disease of newborn .. .. .	7	5	12	7	5	..	..	..	..	..	..	11	5	1	..	..	3		
A 134 All other defined diseases of early infancy .. .. .	45	41	86	45	41	..	..	..	..	..	..	43	41	2	1	..	4		
A 135 Ill-defined diseases peculiar to early infancy, and immaturity unqualified .. .. .	28	21	49	28	21	..	..	..	..	..	..	29	22	1	2	1	8		
A 136 Senility without mention of psychosis .. .. .	18	19	37	..	..	..	..	..	..	18	19	12	11	5	5	4	8		
A 137 Ill-defined and unknown causes of morbidity and mortality .. .. .	541	511	1,052	58	41	51	39	72	108	360	323	484	457	67	14	11	44		
(b) CLASSIFICATION OF NATURE OF INJURY (ACCIDENTS, POISONINGS, VIOLENCE, &C.)																			
Cause Groups																			
AN 138 Fracture of skull .. .. .	245	58	303	18	10	17	6	70	13	140	29	235	55	8	7	3	4		
AN 139 Fracture of spine and trunk .. .. .	127	41	168	..	1	5	1	16	5	106	34	119	39	7	9	3	11		
AN 140 Fracture of limbs .. .. .	690	395	1,085	60	30	99	69	190	36	341	260	749	392	16	12	19	103		
AN 141 Dislocation without fracture .. .. .	64	14	78	3	1	3	1	9	5	49	7	65	17	..	..	..	3		
AN 142 Sprains and strains of joints and adjacent muscles .. .. .	75	25	100	4	..	..	2	16	4	55	19	82	24	1	..	..	3		
AN 143 Head injury (excluding fracture).. .. .	407	144	551	38	28	36	18	145	45	188	53	390	146	11	12	2	6		
AN 144 Internal injury of chest, abdomen, and pelvis .. .. .	37	17	54	4	2	4	4	7	3	23	7	33	16	2	3	1	1		
AN 145 Laceration and open wounds .. .. .	595	156	751	62	53	64	22	116	27	353	54	605	161	8	..	3	28		
AN 146 Superficial injury, contusion and crushing with intact skin surface .. .. .	119	47	166	4	9	10	4	23	7	82	27	121	45	1	3	..	3		
AN 147 Effects of foreign body entering through orifice .. .. .	60	60	120	15	17	6	6	13	5	26	32	60	62	1	1	..	6		
AN 148 Burns .. .. .	145	78	223	65	39	13	8	22	11	45	20	144	77	1	4	4	8		
AN 149 Effects of poisons .. .. .	159	162	321	97	63	6	2	9	28	47	69	158	157	4	..	2	4		
AN 150 All other and unspecified effects of external causes .. .. .	74	31	105	14	7	11	4	14	5	35	15	76	32	1	1	..	5		
SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS																			
Y Code—																			
Y 1 Pregnancy—Normal delivery .. .. .	..	6,190	6,190	..	..	..	..	..	1,062	..	5,128	..	6,190	..	..	..	..		
Y 00 Medical or special examination without complaint or finding indicating need of observation or medical care .. .. .	35	126	161	12	13	2	3	5	25	16	85	..	..	36	134	..	7		
Y 04 Follow-up examination after operation injury or disease without finding indicating need for further medical care .. .. .	23	12	35	6	..	2	..	3	2	12	10	..	..	39	15	..	18		
Y 05 Carrier or suspected carrier of infective organisms without complaint or sickness .. .. .	1	..	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..		







TABLE 3.

*Duration of Hospitalisation and number of Deaths in Accident Cases in Tasmania (including Re-admissions) for the Year ended 30th June, 1962.*

Nature of Injury	DAYS											Total Cases	No. of Deaths		
	0-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55			56-60	61 and over
Fracture of skull .. .. .	153	63	47	13	13	5	3	4	..	..	1	2	4	308	10
Fracture of spine and trunk .. ..	66	31	24	14	9	6	9	6	..	..	..	3	12	180	12
Fracture of limbs .. .. .	635	139	100	63	40	35	15	23	14	17	11	9	98	1,199	31
Dislocation without fracture .. ..	47	10	14	1	3	3	1	1	..	..	..	1	1	82	..
Sprains and strains of joints and adjacent muscles .. .. .	56	28	14	4	3	3	..	1	..	..	..	..	..	109	..
Head injury (excluding fracture) .. ..	447	72	19	10	3	6	2	1	..	..	..	1	1	562	14
Internal injury of chest, abdomen, and pelvis	18	9	14	5	3	3	..	1	..	1	..	..	1	55	4
Laceration and open wounds .. ..	534	134	47	27	11	5	3	7	3	2	2	1	3	779	3
Superficial injury, contusion and crushing with intact skin surface .. ..	104	37	11	7	5	3	..	1	..	..	..	..	2	170	..
Effects of foreign body entering through an orifice .. .. .	105	10	4	3	2	..	1	..	..	1	..	..	..	126	1
Burns .. .. .	64	41	42	20	17	10	7	11	2	4	3	2	8	231	8
Effects of poisons .. .. .	268	32	12	8	2	2	..	..	1	..	..	..	..	325	2
All other and unspecified effects of external causes .. .. .	67	27	3	5	4	1	1	..	..	1	..	..	1	110	1
TOTAL .. .. .	2,564	633	351	180	115	82	42	56	20	26	17	19	131	4,236	86



TABLE 4.

*The I.L.O. International Standard Classification of Occupations of Individuals sustaining Accidents necessitating admission to Hospital in Tasmania, for the Year ended 30th June, 1962.*

Nature of Injury															Total
AN 138	AN 139	AN 140	AN 141	AN 142	AN 143	AN 144	AN 145	AN 146	AN 147	AN 148	AN 149	AN 150			
Fracture of skull	Fracture of spine and trunk	Fracture of limbs	Dislocation without fracture	Sprains and strains of joints and adjacent muscles	Head injury (excluding fracture)	Internal injury of chest, abdomen, and pelvis	Laceration and open wounds	Superficial injury, contusion and crushing with intact skin surface	Effects of foreign body entering through orifice	Burns	Effects of poisons	All other and unspecified effects of external causes			
00 Architects, Engineers and Surveyors	1	1	..	..	1	2	4	..	..	..	..	..	9		
01 Chemists, Physicists, Geologists and other Physical Scientists	..	1	..	..	1	..	..	..	..	..	..	..	2		
02 Biologists, Veterinarians, Agronomists and Related Scientists	1	..	..	..	..	..	..	..	1	..	..	1	1		
03 Physicians, Surgeons and Dentists	1	..	..	..	..	2	1	2	2	2	2	1	4		
04 Nurses and Midwives	1	1*	..	3	5	..	..	..	..	..	..	..	27		
05 Professional Medical Workers not elsewhere classified and Medical Technicians	..	..	..	..	..	..	..	..	..	..	..	..	1		
06 Teachers	1	1*	5	..	5	..	1	1	..	..	..	2	16		
07 Clergy and Related Members of Religious Orders	..	..	..	..	1	..	..	..	..	..	..	..	1		
0X Draughtsmen and Science and Engineering Technicians not elsewhere classified	2	2	..	..	2	..	..	..	..	..	..	..	6		
0Y Other Professional, Technical and Related Workers	..	..	2	..	2	..	1	..	..	..	..	..	5		
10 Administrators and Executive Officials, Government	..	..	..	..	1	..	5	..	2	..	..	..	1		
11 Directors, Managers and Working Proprietors	3	5	1	..	3	..	..	..	2	..	1	..	25		
20 Book-keepers and Cashiers	2	2	..	..	1	..	..	..	2	..	..	..	7		
21 Stenographers and Typists	2	1	..	..	2	..	1	..	2	..	1	..	10		
22 Other Clerical Workers	7	4	20	2	17	2	13	3	2	1	3	3	78		
30 Working Proprietors, Wholesale and Retail Trade	3	2	2	1	1	..	2	..	..	..	1	..	10		
31 Insurance and Real Estate Salesmen, Salesmen of Securities and Services and Auctioneers	..	..	..	..	..	..	3	..	1	..	..	..	4		
32 Commercial Travellers — Manufacturers' Agents	..	2	..	..	..	..	..	..	..	..	1	..	3		
33 Salesmen, Shop Assistants and Related Workers	7	1	10	3	14	..	13	..	3	2	3	..	57		
40 Farmers and Farm Managers	2	10	30	1*	15	2	31	3	2	3	1	5	109		
41 Farm Workers not elsewhere classified	..	3	11	4	11	3	19	5	..	1	2	2	64		
42 Hunters and Related Workers	..	1	1	1	..	..	..	..	..	..	1	..	2		
43 Fishermen and Related Workers	3	1	1	1	2	..	1	..	..	2	..	..	9		
44 Loggers and Other Forestry Workers	5	7	12	1	4	1	23	5	1	2	..	4	69		
50 Miners and Quarrymen	2	1	6	..	2	..	6	4	..	..	2	2	33		
51 Well Drillers and Related Workers	..	1	..	..	..	..	1	1	..	..	1	..	4		
52 Mineral Treaters	..	1	2	..	1	..	3	1	..	..	1	..	10		
59 Miners, Quarrymen and Related Workers not elsewhere classified	2	..	8	2	5	..	8	4	..	1	..	1	37		
60 Deck Officers, Engineer Officers and Pilots (Ship)	..	..	..	1	..	..	2	3	..	..	..	1	7		
61 Deck and Engine-room Ratings (Ship), Barge Crew and Boatmen	2	..	4	..	..	..	3	3	..	1	..	..	16		





## PUBLIC HOSPITAL STATISTICS

*(Excluding Chest and Mental Hospitals)**Number of Patients*

The number of patients was 840 more than during the previous financial year. The number of general patients increased by 1046, infectious disease patients decreased by 164, and maternity cases decreased by 42. The total number of patients was 38,135. The number of persons in the hospitals for the care of the aged and invalids rose from 967 in 1960-61 to 1029 in 1961-62.

*Bed Days*

The number of bed days shows a net decrease of 10,984 compared with those for the previous financial year. Bed days for general patients decreased by 6012, infectious disease patients decreased by 2229 while maternity bed days increased by 17,257.

The overall deduction was accentuated by a slightly shorter average length of stay. The total number of bed days was 416,094. The number of bed days in the hospitals for the care of the aged and invalids was 252,301, an increase of 17,205 over the previous year.

*Births*

The total for the year was 7846, a decrease of 205 over the previous financial year.

*Receipts*

Hospital revenue for the year was £3,409,400 including patients' fees, donations and miscellaneous receipts totalling £819,762.

Commonwealth contributions in the form of hospital benefits amounted to £216,067 while State aid was £2,373,571.

Commonwealth Pharmaceutical Benefits amounted to £84,891.

*Payments*

Total payments were £3,405,575, an increase of £249,374 over expenditure for 1960-61. The sum of £2,270,299, or 66.66 per cent of the total expenditure, was attributable to salaries.

*Patients' Costs*

The average daily cost for in-patients for the 23 main hospitals, as listed in Table 5, was £6 5s. 11d. an increase of 11s. 8d. compared with 1960-61. Out-patients' costs per visit increased from 14s. 8d. in 1960-61 to 15s. 10d. in 1961-62.

*Comparisons*

Comparisons and details of receipts and payments, together with relevant percentages under the principal classifications are set out in Table 5.

Patients' statistics are given in Tables 6 and 7.



TABLE 5.

PUBLIC HOSPITALS—Summary of Receipts and Payments, Costs, &c., for Year ended 30th June, 1962.

No.	Hospital	Daily Average of Occupied Beds	Balances at 1st July, 1961		MAINTENANCE RECEIPTS						No.	MAINTENANCE PAYMENTS (NET)							Balance at 30th June, 1962		In-Patients' Cost		Out-Patients' Cost		No.
					Common- wealth Aid	State Aid	In- Patient Fees	Out- Patient Fees	Sundries Donations, Interest, Rent, Misc. Receipts	Total Receipts		Salaries and Wages	Provisions	Domestic	Dispensary and Surgical	Admin. and Misc.	Repairs	Total Payments			Per Daily Occupied Bed	Per Patient	Per Atten- dance	Per Patient	
			Debit	Credit															Debit	Credit					
			£	£	£	£	£	£	£	£		£	£	£	£	£	£	£	£	£	£ s. d.	£ s. d.	s. d.	£ s. d.	
1	Base General Hospitals:																								
2	Royal Hobart .. .. .	332.21	..	4,284	52,145	674,405	183,432	7,968	1,874	919,824	1	594,347	85,503	84,051	100,503	37,628	13,543	915,575	..	8,533	6 8 8	69 17 9	0 16 6	2 10 10	
3	Lady Clark .. .. .	18.48	..	1,790	1,222	4,875	16,504	929	175	23,705	2	15,296	5,403	2,524	532	1,216	402	25,373	..	122	3 9 0	56 14 10	0 10 3	4 18 4	2
	Launceston General .. .. .	253.80	..	509	39,906	463,205	127,363	4,692	1,926	637,092	3	428,941	50,497	34,673	66,221	31,125	25,218	636,675	..	926	6 2 4	90 8 7	0 14 0	3 2 5	3
	TOTALS .. .. .	604.49	..	6,583	93,273	1,142,485	327,299	13,589	3,975	1,580,621		1,038,584	141,403	121,248	167,256	69,979	39,163	1,577,623	..	9,581	6 4 3	76 16 1	0 15 7	2 13 11	
4	Regional Hospitals:																								
5	Burnie .. .. .	53.22	..	123	6,935	97,020	43,318	551	2,426	150,250	4	94,649	10,557	17,826	18,549	6,958	1,833	150,372	..	1	6 12 4	50 4 9	0 19 10	2 11 10	4
6	Lyell, Queenstown .. .. .	34.62	..	171	5,133	39,730	26,417	..	90	71,370	5	46,720	8,552	7,259	4,563	2,807	1,323	71,224	..	317	5 5 1	45 6 4	0 14 10	1 17 2	5
7	Mersey, Latrobe .. .. .	77.23	..	871	12,193	233,545	50,759	144	1,396	298,037	6	208,446	22,124	23,561	23,512	15,824	4,852	298,319	..	589	9 19 7	113 8 5	0 16 0	3 9 2	6
	Spencer, Wynyard .. .. .	50.38	..	1	8,369	66,115	28,240	108	216	103,048	7	68,275	8,421	11,449	8,434	3,770	2,669	103,018	..	31	5 8 5	62 16 6	0 16 8	1 9 5	7
	TOTALS .. .. .	215.45	..	1,166	32,630	436,410	148,734	803	4,128	622,705		418,090	49,654	60,095	55,058	29,359	10,677	622,933	..	938	7 6 6	71 3 8	0 17 5	2 11 8	
8	Maternity Hospitals:																								
9	Queen Alexandra, Hobart .. .. .	47.10	..	1,046	6,933	29,210	50,080	..	16	86,239	8	57,354	11,780	9,312	3,375	3,482	2,256	87,559	274	..	5 1 3	51 17 8	0 11 0	3 1 8	8
	Queen Victoria, Launceston .. .. .	54.19	..	164	7,897	47,905	59,071	..	262	115,135	9	70,507	14,762	17,553	4,206	5,298	2,756	115,082	..	217	5 16 3	48 16 0	0 11 3	2 13 2	9
	TOTALS .. .. .	101.30	..	1,210	14,830	77,115	109,151	..	278	201,374		127,861	26,542	26,865	7,581	8,780	5,012	202,641	274	217	5 9 3	50 1 7	0 11 0	2 18 4	
10	Rural Hospitals:																								
11	Beaconsfield .. .. .	22.25	308	..	3,703	19,660	10,104	..	83	33,550	10	22,501	3,536	3,209	2,062	1,167	290	32,765	..	477	4 0 8	42 13 3	..	..	10
12	Bowmont, Franklin .. .. .	11.19	..	13	1,816	12,565	6,681	..	3	21,065	11	14,837	2,532	1,835	1,157	620	96	21,077	..	1	5 3 2	49 2 7	..	..	11
13	Campbell Town .. .. .	14.52	1	..	2,345	19,055	7,848	..	47	29,295	12	18,947	3,521	4,204	1,183	860	579	29,294	..	..	5 9 4	45 14 7	..	..	12
14	Flinders .. .. .	4.07	..	740	637	9,955	3,100	..	93	13,785	13	9,075	1,204	2,281	556	1,187	248	14,551	26	..	9 16 1	76 3 8	..	..	13
15	King Island .. .. .	5.19	294	..	709	25,630	5,417	..	180	31,936	14	14,908	2,894	5,615	1,718	3,030	2,729	30,894	..	748	14 12 2	113 9 1	0 14 9	1 6 5	14
16	New Norfolk .. .. .	13.15	..	617	2,063	11,780	8,741	..	2	22,586	15	15,889	2,260	2,777	1,159	692	172	22,949	..	254	4 15 8	39 3 3	..	..	15
17	N.E. Soldiers Memorial, Scottsdale	23.05	28	..	3,565	24,180	15,896	..	85	43,726	16	30,222	3,750	4,075	3,056	1,634	1,010	43,747	47	..	5 4 0	51 5 9	..	..	16
18	Ouse .. .. .	3.69	126	..	626	9,195	2,408	..	33	12,262	17	8,300	1,277	1,072	521	540	360	12,070	..	66	8 19 1	66 13 9	..	..	17
19	Rosebery .. .. .	5.26	..	363	781	10,295	4,087	..	8	15,171	18	11,474	1,287	1,723	400	697	..	15,581	47	..	8 2 5	52 5 9	..	..	18
20	St. Marys .. .. .	7.82	39	..	1,279	15,890	5,183	2	120	22,474	19	14,550	1,896	3,005	1,215	626	801	22,093	..	342	7 13 10	71 5 0	0 10 2	0 12 3	19
21	Smithton .. .. .	4.02	..	206	575	7,620	3,773	..	21	11,989	20	8,102	1,155	836	189	337	175	10,794	..	1,401	7 7 2	51 3 2	..	..	20
22	Toosey Memorial, Longford .. .. .	15.11	..	274	2,360	19,910	10,138	..	44	32,452	21	21,595	3,469	3,211	1,856	1,141	715	31,987	..	739	5 16 0	59 15 10	..	..	21
23	Ulverstone (including Levenbank)	24.43	..	1,347	4,083	21,970	13,760	..	114	39,927	22	28,213	3,736	3,664	3,147	1,352	1,004	41,116	..	158	4 12 3	33 14 1	..	..	22
	Zeehan .. .. .	14.13	..	562	2,048	21,097	7,174	14	250	30,583	23	18,285	3,097	4,026	1,837	1,507	2,025	30,777	..	368	5 11 5	103 7 1	0 10 2	2 9 0	23
	TOTALS .. .. .	167.90	794	4,122	26,590	228,802	104,310	16	1,083	360,801		236,898	35,614	41,533	20,056	15,390	10,204	359,695	120	4,554	5 15 6	52 11 1	0 12 6	1 10 10	
	TOTAL PUBLIC HOSPITALS .. .. .	1,089.13	794	13,081	167,323	1,884,812	689,494	14,408	9,464	2,765,501		1,821,433	253,213	249,741	249,951	123,498	65,056	2,762,892	394	15,290	6 5 11	68 3 7	0 15 10	2 12 7	
24	District Nursing Centres (14) with beds .. .. .	13.62	..	..	2,153	64,503	10,399	..	..	77,055	24	53,580	4,680	10,331	2,677	2,542	3,245	77,055	..	..	15 10 2	113 3 0	..	..	24
25	Hospitals for Care of Aged:																								
26	Cosgrove Park, Launceston .. .. .	201.26	..	95	13,140	103,230	4,687	..	1,973	123,030	25	80,187	15,106	19,018	2,925	2,377	3,021	122,634	..	491	1 13 5	437 19 7	..	..	25
27	St. John's Park, New Town .. .. .	455.75	..	..	28,550	262,921	56,548	..	..	348,019	26	243,650	50,671	32,459	5,599	6,292	9,348	348,019	..	..	2 1 10	495 15 1	..	..	26
	Spencer Home, Wynyard .. .. .	34.22	11	..	..	21,085	6,012	..	22	27,119	27	20,410	3,699	1,988	138	228	619	27,082	..	26	2 3 4	576 4 8	..	..	27
	TOTALS .. .. .	691.23	11	95	41,690	387,236	67,247	..	1,995	498,168		344,247	69,476	53,465	8,662	8,897	12,988	497,735	..	517	1 19 6	483 14 2	..	..	
28	Miscellaneous:																								
29	Peacock .. .. .	12.93	..	117	2,140	5,565	8,588	..	49	16,342	28	11,809	1,822	918	214	576	220	15,559	..	960	3 5 11	35 5 8	..	..	28
30	Millbrook Rise Psychopathic Home .. .. .	14.24	..	..	1,642	7,472	14,883	..	..	23,997	29	17,542	2,695	1,909	624	563	664	23,997	..	..	4 12 4	177 15 2	..	..	29
	Mothercraft Home .. .. .	10.06	..	..	1,119	23,983	3,235	..	..	28,337	30	21,688	2,957	2,275	160	144	1,113	28,337	..	..	7 14 5	156 11 2	..	..	30
	TOTALS .. .. .	37.23	..	117	4,901	37,020	26,706	..	49	68,676		51,039	7,474	5,102	998	1,283	1,997	67,893	..	960	..	..	..	..	
	GRAND TOTAL .. .. .	1,831.21	805	13,353	216,067	2,373,571	793,846	14,408	11,508	3,409,															

Comparison

Year	Commonwealth Aid		State Aid		Patients' Fees		Sundries, Donations, Interest, Rent, Miscellaneous Receipts		Total Receipts		Salaries and Wages		Provisions		Domestic		Dispensary and Surgical		Administration and Miscellaneous		Repairs		Total Payments		Yearly Increase	Cost Per Daily Occupied Bed	Cost Per Out-Patient Attendant
	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%			
1958-59 .. .. .	287,267	= 10.67	1,752,567	= 65.08	646,469	= 24.00	6,850	= 0.25	2,693,153	= 100	1,761,099	= 65.12	280,343	= 10.37	280,670	= 10.38	228,826	= 8.46	92,236	= 3.41	61,184	= 2.26	2,704,358	= 100	4.20	98 4	14 4
1959-60 .. .. .	299,866	= 10.20	1,929,891	= 65.65	700,746	= 23.84	8,964	= 0.31	2,939,467	= 100	1,955,572	= 66.05	292,601	= 9.88	305,404	= 10.32	235,622	= 7.96	107,889	= 3.64	63,664	= 2.15	2,960,752	= 100	9.48	106 3	13 9
1960-61 .. .. .	222,466	= 7.03	2,129,607	= 67.25	805,595	= 25.44	8,875	= 0.28	3,166,543	= 100	2,067,936	= 65.52	330,071	= 10.46	331,512	= 10.50	240,980	= 7.64	122,688	= 3.88	63,014	= 2.00	3,156,201	= 100	6.60	114 3	14 8
1961-62 .. .. .	216,067	= 6.34	2,373,571	= 69.62	808,254	= 23.71	11,508	= 0.33	3,409,400	= 100	2,270,299	= 66.66	334,843	= 9.83	318,639	= 9.36	262,288	= 7.70	136,220	= 4.00	83,286	= 2.45	3,405,575	= 100	7.90	125 11	15 10





TABLE 6.

General Statistics of Public Hospitals for the Year ended 30th June, 1962.

IN-PATIENTS																														OUT-PATIENTS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
No.	Hospital	Average Daily No.	BEDS AVAILABLE						No.	NUMBER TREATED					BED DAYS					Total Bed Days	No.	DAILY AVERAGE OF OCCUPIED BEDS					No.	AVERAGE LENGTH OF STAY—DAYS					Births (Total Deliveries)	OUT-PATIENTS			No.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
			Non-Public		Public					Total In-Patient	Non-Public		Public			Non-Public		Public				Total Daily Average	Non-Public		Public			Average All Patients	Number Persons Registered	Total Attendances	Av. No. of Visits per Person Treated																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
			General	Maternity	General	Cots	Maternity	Infectious			General	Maternity	General	Maternity	Infectious	General	Maternity	General	Maternity				Infectious	General	Maternity	General						Maternity		Infectious	General	Maternity		General	Maternity	Infectious																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
1	Base General Hospitals:																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										





DISTRICT MEDICAL SERVICE.

Summary of Attendances to Patients for the Year ended 30th June, 1962.

District Medical Officer	Total No. of Patients Atten- ded	SEX		DIAGNOSIS			CLASSIFICATION				TIME OF EXAMINATION			PLACE OF EXAMINATION			MILEAGE		X-Rays	Admit- ted to Hospital	Referred to Special- ist
		M.	F.	Medical	Surgical	Ante- Natal	Public	Private	Workers' Compen- sation Cases	Old Age Pen- sioners	In Hours	Out of Hours	Holidays	Main Surgery	Branch Surgery	Dom- iciliary Visits	In Hours charged to Dept.	Out of Hours charged to Dept.			
Bruny Is. . .	869	435	434	815	Nil	54	865	3	1	Nil	864	5	Nil	383	58	428	4,759	Nil	1	13	5
Cygnnet . .	4,512	2,383	2,129	3,339	1,001	172	3,131	521	134	726	3,673	488	350	3,103	Nil	1,409	6,017	10	31	39	30
Esperance . .	5,796	2,667	3,129	4,800	854	142	5,464	66	175	91	5,573	169	55	2,749	1,169	1,878	9,018	20	31	17	25
Evandale . .	5,248	2,594	2,654	4,659	586	3	4,410	478	25	335	4,659	589	Nil	2,906	784	1,558	7,652	208	25	14	19
Flinders Is.	4,048	1,880	2,168	2,327	1,395	326	3,762	6	95	185	3,715	299	34	3,195	323	530	4,055	49	60	63	23
Glamorgan	4,587	2,425	2,162	3,840	486	261	4,120	89	63	315	4,426	149	12	2,182	1,825	580	13,986	..	35	20	46
Snug . .	6,565	3,580	2,985	4,828	1,714	23	4,827	688	360	690	5,636	795	134	4,241	1,775	549	5,768	18	2	2	35
King Is. . .	Not available																				
Kingston B.	5,657	2,879	2,778	5,327	329	1	5,530	124	Nil	3	5,479	79	99	4,046	906	705	6,376	..	3	31	2
New Norfolk	2,530	1,330	1,200	1,678	694	158	2,273	76	124	57	2,287	211	32	2,001	372	157	6,566	..	72	49	21
Maydena . .	5,640	2,658	2,982	1,867	3,555	218	4,221	754	405	260	4,889	470	281	3,235	615	1,790	8,126	..	..	..	1
Portland . .	6,786	3,262	3,524	5,508	1,048	230	5,273	817	103	593	5,995	454	337	4,053	97	2,636	12,466	..	102	53	21
Penguin . .	8,803	4,411	4,392	7,502	1,266	35	7,084	848	42	829	7,837	795	171	8,007	245	551	6,067	45	85	27	81
Ringarooma	5,444	2,684	2,760	3,739	1,544	161	4,736	410	72	226	4,966	407	71	2,336	2,239	869	6,105	..	7	24	11
Richmond..	4,063	2,035	2,028	2,901	1,148	14	3,957	68	13	25	3,816	247	Nil	1,906	865	1,292	8,363	..	17	22	45
Tasman . .	3,965	1,766	2,199	2,746	878	341	2,842	458	150	515	3,314	513	138	2,608	670	687	7,250	..	41	75	25
TOTALS . .	74,513	36,989	37,524	55,876	16,498	2,139	62,495	5,406	1,762	4,850	67,129	5,670	1,714	46,951	11,943	15,619	112,574	350	512	449	400



TABLE 8.

*General Statistics for Care of Aged and Invalids for Year ended 30th June, 1962.*

No.	Hospitals	Average Daily Number			Bed Accommodation Available			Number Accommodated During Year	Bed Days		
		General	Hospital	Total	General	Hospital	Total		Not Qualified for Hospital Benefits	Qualified for Hospital Benefits	Total
1	Cosgrove Park	11.26	90.00	201.26	160	90	250	280	40,609	32,850	73,459
2	St. John's Park	256.82	198.93	455.75	343	221	564	702	93,741	72,611	166,352
3	Spencer ..	34.22	..	34.22	35	..	35	47	12,490	..	12,490
	TOTAL ..	402.30	288.93	691.23	538	311	849	1,029	146,840	105,461	252,301

### REPORT OF THE CONSULTANT ON FLUORIDATION FOR THE YEAR ENDED 30TH JUNE, 1962.

#### LIAISON

In the past twelve months the consultant has been required to act in a liaison capacity to a much greater extent than hitherto. Correspondence to and from municipal councils, the Department of Health Services, community organizations, and the public on an intra-state basis, and between scientific, academic and Governmental bodies, as well as individuals and civic authorities on an interstate and international level has been greater than in any other year.

It is obvious that the capacity of the consultant to act in these matters greatly facilitates many routine inquiries, and takes much of the burden from other departmental officers.

#### PUBLIC HEALTH EDUCATION

A great amount of time has been spent in public relations activity during the year, with particular reference to the press and radio. It has been found that mass media communication has facilitated a wider community acceptance of fluoridation. A Gallup Poll survey has shown an increase of 10% of the Australian population (now 73%) is favourably inclined to accept fluoridation. This is indicative of the need for further efforts in the field of communication. It is proposed to increase the numbers of lectures to lay bodies, civic groups, &c., in the next twelve months, with the assistance of the Department's Public Relations Officer. Already some twenty or thirty of these bodies have indicated interest in this proposal.

The acceptance of the Beaconsfield film "One in a Million" has surpassed the expectations of all concerned in its production, and extremely favourable comment has been received from as far afield as the United Kingdom, Canada, South Africa and Eire. Indeed some copies have been sold outside the State by the Department of Film Production, and the film has been used to great effect on local and Commonwealth-wide Television. Indeed, it has been used in many areas of Australia as a primary aid to public education.

Large numbers of both the booklet and pamphlet produced by the Department, "Why your Health Department recommends fluoridation" have been distributed, and once again flattering praise has been received on the standard of these publications.

#### ADVISORY TO THE DEPARTMENT

Again much has been achieved in this field. The Consultant has attended meetings of the State Fluoridation Committee and has had occasion to act on several requests from the Committee.

A major project under way at present is the compilation of a technical report, with appendices, on aspects of application of fluoridation to all water systems of the State. This report is being compiled in conjunction with the Australian Dental Association, the Australian Medical Association, and with the assistance of a civil hydraulics engineer. It is expected to be completed before the end of 1962 and after its presentation to the Fluoridation Committee, should represent a comprehensive reference to all local authorities contemplating fluoridation.

#### PREPARATION AND REVIEW OF MATERIAL

An extremely comprehensive library on fluoridation has been compiled from material obtained from overseas and other mainland States. This covers all aspects of the subject, medical, dental, scientific, sociological; pamphlets and press cuttings. Much of this material is obtained direct, but the office of the Federal Fluoridation Committee in Sydney has made available much material otherwise unobtainable.

#### BEACONSFIELD

The continuance of the Beaconsfield fluoridation project is now assured with the fluoridation of the West Tamar Regional Scheme, and in fact, the area fluoridated now covers the Launceston suburb of Riverside through to Beaconsfield. However, the scheme was in jeopardy in its inception due to the extreme activity of a group opposed to the measure. Local health workers in Launceston, together with the support of the Department and Consultant, considerably strengthened the resolve of the proponents of the scheme, and it was gratifying that the Beaconsfield Council accepted its responsibility in the matter.

The Beaconsfield survey is still in progress and shows that the caries incidence in 6-8 year olds at Beaconsfield had dropped by 53.5% since fluoridation started, and the percentage of children in this same age group with decay free permanent teeth has increased from 16.6% to 54.9%.

The Consultant wishes to acknowledge the services of the Senior Dental Officer, A. W. Scott, in the arrangements for the Beaconsfield survey, and the assistance rendered by D. G. Scott and Sister Hollingsworth in the conduct of the survey.

#### STATUS OF FLUORIDATION

Areas currently supplying water at the recommended fluoride level: West Tamar Regional including Beaconsfield, Riverside.

*Fluoridation imminent:* Launceston. It is expected that the metropolitan water supply of Launceston will be fluoridated at an early date subsequent to 30th June. The most up-to-date automatic dry-feed fluoridator has been installed at Distillery Creek under the supervision of the Chief Chemist. When the scheme starts in Launceston, approximately 16% of the Tasmanian population will be supplied with fluoridated water.

*Fluoridation approved:* Rosebery. The State Fluoride Committee has approved fluoridation for Rosebery, in the Zeehan Municipality. Equipment has been ordered and installation is expected by the end of 1962. February, 1963 is the date that fluoridation is due to begin.

*Other Areas:* Municipalities supplied by the Southern Regional Water Scheme. No further definite action has occurred in these municipalities. However, the Clarence Commission has indicated that it is not prepared to make a decision to fluoridate until a favourable poll of electors has been held. Technically, fluoridation of this Scheme is in its entirety presents possibly fewer problems than any other in the State and would be more economically



feasible than the piece-meal treatment of the supply to each municipality it serves.

- (a) Railton/Sheffield (Kentish Municipality),
- (b) Latrobe,
- (c) Cygnet.

Requests for advice on fluoridation have been received from the above, but little further progress can be expected until the completion of the technical report.

Queenstown: Following an unfavourable poll of rate-payers at Queenstown at which less than one-fifth of the possible votes were cast, the Queenstown Council passed the following motion—

"1. That this Council accepts the opinion of the British Medical Association, Australian Dental Association, the Health Departments of the State and Commonwealth Governments and of the Council's previous Health Officer, Dr. Crawford, that fluoridation is a proven means of preventing dental decay with no harmful effects.

2. Therefore this Council will consider fluoridation at such time as it becomes financially and physically practicable taking into account the multiple Water Storage System and availability of technically and professionally qualified personnel.

3. And to that end this Council deems it necessary that a thoroughly expert investigation be made into the costs of installation and maintenance and the practicability of fluoridation methods at Queenstown, for decision by the Council within two years.

4. That the Director of Public Health be written to asking him to arrange for the necessary investigation at the Department's expense of fluoridation at Queenstown with respect to the matters outlined above and that he be requested to report to the Council on all matters arising from and incidental thereto."

North-West Coast: No interest has been evident from any municipalities west of and including Devonport.

Certain other municipalities have shown continued interest in the past twelve months, but it is regretted that the delay between interest and implementation is all too often of a prolonged nature.

#### FEDERAL FLUORIDATION COMMITTEE

The Consultant attended the inaugural meeting of the above committee on August 15th at Sydney, and also met with the executive of the committee over a three day period in December. Discussions centred around aspects of public education, technical and dental problems. It is pointed out that Tasmania was primarily responsible for the formation of this committee, which has assisted both the profession and the public in no small degree.

#### TASMANIAN DENTAL CONVENTION

Arrangements were made for the transport of a selected group of children from Beaconsfield to Hobart for a clinical demonstration before the members of the Convention. This demonstration was as outstandingly successful as the field day in 1960, and emphasised the lead that Tasmania has given the Commonwealth in this preventive health measure.

#### SYDNEY DENTAL CONGRESS.

A paper was delivered by the Consultant at the 17th Australian Dental Congress on Fluoridation. It was well received and provoked a considerable amount of interest.

P. C. BROTHERS,  
Consultant on Fluoridation.

#### GOVERNMENT NURSING SERVICE

##### *Tourist Nursing Division*

The Tourist Nursing Division has maintained its reputation during the current year as a valuable source of supplementary staff supply for the Department in assisting country hospitals which are unable to obtain their own staffs.

The Tourist Nursing Division remains popular with travelling Nursing Sisters from other Australian States, as they are able to see the country and work at the same time.

Without this nursing service the country hospitals and district nursing centres could not give

adequate service and would have to face the possibility of reducing their number of beds. It is recorded moreover that some hospitals have on occasions been completely staffed from this pool, as in previous years.

Some appointees to this staff have occasionally resigned after a period of relieving to accept a permanent hospital appointment offered to them by hospital boards. This procedure has at all times met with the entire approval of the Department.

During the year there have been 30 new appointments and 37 resignations, and 21 remain on the staff.

##### *District Nursing Centres Division*

Table 9 gives a summary of work performed during the current year in the 25 District Nursing Centres at present in operation.

There is no change in the number of centres functioning since the last Report was tabled.

The staff situation, including shortage of Nursing Sisters, remains approximately the same. Vacancies have had to be filled temporarily from such sources as the Department's Tourist Nursing Division, and by casual married staff able to help on occasions.

By this means our 25 centres have been nearly fully staffed. No centre has been closed and nearly all Sisters have had their annual leave although some leave has had to be deferred.

Sister N. K. Murphy who joined the District Nursing Division originally in April, 1946, transferred to School Medical Service in 1951. She was for a short time in charge of the Lady Clark Convalescent Hospital. She rejoined the District Nursing Division in March, 1956, and remained with this Division until her retirement prior to long service leave in March, 1962.

Sister N. J. Gilchrist resigned after five years with the District Nursing Division to accept the Matronship of the Peacock Convalescent Hospital, Hobart.

Local committees continue to operate at Lilydaye, Rossarden and Storeys Creek. The remaining 22 centres have active local auxiliaries. The committees and auxiliaries greatly assist the Department locally with their own individual centres. Their work is most gratefully acknowledged.

Maintenance of and repairs to buildings have been carried out as required, by the Department. Equipment has been replaced where needed and new modern articles have been supplied. Much of this supply has again been made possible by valuable assistance from interested associations and community spirited individuals.

We again wish to express thanks to all our loyal helpers, including Northern Bush Nursing Association, Auxiliaries, Country Women's Association, Red Cross Trust Fund and other interested committees and individuals. With their generous contributions, these people have assisted the Department in the continued success of our District Nursing Divisions scheme for country residents and the maintenance of staff.



TABLE 9.

Summary of Work Performed in the District Nursing Centres Division,  
during the Year ended 30th June, 1962.

Name of Centre	Hospital Bed Capacity	Visits to Centre	Visits to Patients	In- Patients Bed Days	Matern- ity Patients	Pre- Natal Visits	Child Health Visits	School Visits	Mileage	Fees Collected
										£ s. d.
SOUTH:										
Alonnah, Bruny Is. ..	2	619	331	36	4	39	563	13	1,824	37 14 6
Cygnnet .. ..	5	362	..	486	23	15	362	..	..	796 4 2
Dover .. ..	5	541	3	535	15	80	10	..	..	1,074 13 5
Koonya, Tas. Pen. ..	5	861	..	527	26	24	274	..	4,262	941 9 0
Oatlands .. ..	5	1,605	33	266	17	140	449	..	1,508	525 1 0
Southport .. ..	2	903	678	..	..	45	267	..	900	3 0 0
Strahan .. ..	..	2,280	1,291	..	..	174	478	..	6,279	17 10 0
Swansea .. ..	4	3,283	90	183	20	147	1,277	26	1,916	508 7 6
Triabunna .. ..	3	3,357	97	78	8	162	669	2	660	251 17 0
Total: 9 Centres ..	31	14,011	2,823	2,111	113	826	4,322	41	17,799	4,155 16 7
NORTH:										
Avoca .. ..	..	3,191	154	..	..	41	296	17	360	23 15 0
Cape Barren Island*	1	1,008	291	284	2	46	102	1	281	0 5 0
George Town .. ..	5	148	..	836	107	92	47	..	..	2,024 14 0
Gladstone .. ..	..	1,166	1,055	..	..	68	778	..	5,390	30 7 0
Grassy, King Island	..	3,333	119	..	..	226	1,560	..	4,570	29 13 9
Lilydale† .. ..	..	1,023	1,141	..	..	30	1,440	..	7,508	..
Mole Creek .. ..	..	1,150	403	..	..	1	486	..	1,437	40 0 0
Redpa.. ..	..	1,498	96	..	..	37	432	28	2,447	33 4 0
Ringarooma .. ..	..	1,632	168	..	..	21	354	..	1,055½	15 17 0
Rossarden‡ .. ..	..	5,765	2,993	..	..	617	1,054	..	1,766	..
St. Helens .. ..	6	65	4	733	28	198	287	4	..	1,426 11 10
Sheffield .. ..	5	25	..	708	70	..	..	..	..	1,796 8 0
Storeys Creek‡ ..	..	3,311	878	..	..	76	521	..	4,636	..
Tullah.. ..	1	..	429	..	..	1	65	..	216	33 15 0
Waratah .. ..	..	811	572	..	..	24	208	9	4,741	104 8 6
Westbury .. ..	3	46	7	297	21	53	9	..	..	483 7 0
Total: 16 Centres ..	21	24,601	8,050	2,858	228	1,531	7,639	59	34,367½	6,042 6 1
Grand Totals: 25 Centres	52	38,612	10,873	4,969	341	2,357	11,961	100	52,166½	10,198 2 8

\*Closed one month for annual leave. †Finance not collected by this Department.  
‡Finance not collected by this Department. Closed one month for annual leave.

COMPARATIVE FIGURES FOR 5 YEARS—1958-1962

1957-58: 26 Centres ..	54	46,877	14,983	4,715	292	2,856	10,199	120	56,127	8,446 13 4
1958-59: 26 Centres ..	57	49,192	11,379	5,687	292	2,504	10,765	94	57,028	8,524 15 5
1959-60: 25 Centres ..	52	42,189	11,080	5,712	321	2,377	9,793	75	58,909	8,250 1 3
1960-61: 25 Centres ..	52	44,845	9,144	5,263	336	2,458	11,186	111	55,563	9,931 1 6
1961-62: 25 Centres ..	52	38,612	10,873	4,969	341	2,357	11,961	100	52,166½	10,198 2 8

STAFF

I wish first of all to acknowledge my grateful thanks to the Director of Tuberculosis (Dr. J. H. R. Tremayne) for his kindness in acting for me on a number of occasions during my absence. To all other Directors and Officers of the Department I wish to acknowledge my very grateful thanks for the wholehearted support that they have given me during the year. I would also

wish to draw your attention to the very competent and conscientious manner in which they have carried out their duties.

JOHN EDIS, M.R.C.O.G. (Lond.),  
M.R.C.S. (Eng.), L.R.C.P.  
(Lond.), M.R.S.H. (Lond.).  
Director-General of Health Services.



## REPORT OF THE DIRECTOR OF ORTHOPAEDIC SERVICES FOR THE YEAR ENDED 30TH JUNE, 1962.

### 1. ACCIDENTS

These continue to form a big proportion of all cases admitted to the orthopaedic wards. They fall into two categories (1) Road (2) Industrial.

I am well aware of the measures being taken in the community to prevent these. However, I feel that an intensive advertising drive should be taken each year to press home what is actually taking place.

Road accidents are principal cause of death and severe injury to males between the ages of 16 and 24.

Some years ago, Tuberculosis figured largely as a cause of death and crippling incapacity, but as the result of an intensive campaign and modern methods of treatment it has virtually been eliminated.

The prevention of accidents should be one of the major aims of our society. The present measures taken by the Road Safety Council are excellent as far as they go.

To my mind it is only by continually advertising the true facts to the public that we will lower the figures.

Penalties for dangerous and drunken driving should be made harsher.

With the density of traffic I consider also that there should be a definite medical examination before a person is given a driving licence. After the age of 50 each holder of a licence should have a further medical examination with eyesight test which is renewed every five years.

### 2. ADMISSION OF SEVERE ACCIDENTS TO THE MAJOR HOSPITALS

In the future care must be exercised in the segregation of accident cases into hospital which are adapted to meet the needs for this type of work. With the growth of small hospital units the danger is that accidents which they are incapable of dealing with adequately being admitted to these smaller units. It is far better to transport a case further to a properly equipped hospital with good facilities for immediate resuscitation, and a round the clock service. The fact that for years the Royal Hobart Hospital has dealt with the whole southern area of Tasmania speaks for itself. There has been little increased mortality because of this, but rather the reverse, life has been saved by transporting quickly the severely injured to the major centre with the proper facilities.

### 3. REHABILITATION

Claremont continues to play a very useful role in rehabilitating back to the community many of those severely injured. The patients are drawn from all parts of the island.

This the first year the number of patients attending have not shown an increase.

The Repatriation Hospital still continues to use the hospital as well as the Commonwealth Rehabilitation Service.

### 4. PARAPLEGICS

The number of these unfortunate people continue to grow each year, the result almost in every case of severe road accidents.

The policy of transporting these patients to the Spinal Injuries Centre in Melbourne when fit to travel has been justified. All patients have been safely transported with no ill effects to the patient.

A Paraplegic Association has now been formed with the object of helping these unfortunate patients to take their place as fully as possible in the community.

### 5. CHILDREN'S ORTHOPAEDIC CASES

With the virtual elimination of Infantile Paralysis from the community Cerebral Palsies constitute the major crippling disability of childhood.

Both in the north and south, treatment is being adequately carried out under the supervision of Drs. Marshall and MacIntyre.

The accommodation provided is excellent in both centres.

### 6. SPLINTS AND SURGICAL APPLIANCES

The supply of splints and surgical appliances is being met with satisfactorily and there is now little delay in the supply of these in both north and south.

### 7. ARTIFICIAL LIMBS

Close liaison has been maintained with the Repatriation Limb Factory and satisfactory fitting and adjustment of these are carried out.

In the case of patients from other parts of the island they are admitted to Lady Clark Rehabilitation Centre for fitting and training in the use of these limbs.

### 8. TRAINING OF APPRENTICES IN MAKING ARTIFICIAL LIMBS AND SURGICAL SPLINTS

I have always considered that there should be some workshop where apprentices could receive a training in such crafts with a proper technical school background.

The logical place to my mind is the Repatriation Limb Factories.

This has been brought up at the Interstate Health Conference several times in the past with negative results.

I still think we must press for such a central training scheme with proper recognition of the status of such trainees.

When a vacancy occurs in the Tasmanian hospitals it is well nigh impossible to obtain any adequate replacement.

### 9. ANCILLARY PROFESSIONAL STAFF

In the past it has always been difficult to get full physiotherapy staff for all the hospitals.

Hobart has been more fortunate than most of the other hospitals, the larger centre attracting the applicants.

The Mersey Hospital for the first time for years has a physiotherapist, a married woman, living in the district. The same applies to the Burnie Hospital. The Spencer Hospital at Wynyard has been fortunate in the past in having the services of a male physiotherapist resident in the district.

The Launceston Hospital in the past has had difficulty in getting a full staff. At present it is fully staffed.

The difficulties in staffing the hospitals arise from two factors:—

- (1) The salary scale is slightly below the mainland rate and does not attract many mainland applicants.
- (2) There are not sufficient Tasmanian girls coming forward as there is no medical school. Tasmanian girls have to go to the mainland to get this training where entry is often restricted for Tasmanians. The cost is high with the result that, unless there is some subsidy in the shape of a scholarship, it is beyond the means of the average parent.

The number of scholarships awarded appears to have diminished very considerably of recent years—one only given last year.

The Tasmanian girls trained in the past have given sterling service and often carried the brunt of the work during times of staff shortage.

I would recommend that consideration be again given to granting scholarships for physiotherapy. The major need is in physiotherapy. However, every second or third year according to needs, two others could be given; one for Speech Therapy and one for Occupational Therapy.

### 10. TRAVELLING

As in the past Launceston, the Mersey, Burnie, Spencer and Queenstown hospitals have been visited regularly.

Regular reviews of certain types of cases have been carried out. This has proved most instructive to all concerned and has formed a basis for teaching.

Difficult and problem cases have been seen in consultation with the staffs of these hospitals.

### 11. PROFESSIONAL MEDICAL STAFF

The standard of work carried out in the various hospitals is high.

Most routine procedures are able to be carried out in the smaller base hospitals—Queenstown, Burnie and the Mersey. It is only the difficult problem case which requires transport to the larger centres, Launceston and Hobart, which provide special facilities.

The provision of specialist anaesthetists in all hospitals is a tremendous aid to the surgeons.

I should like to take this opportunity of thanking the medical, nursing, physiotherapy and lay staffs of the Hobart, Launceston, Mersey, Burnie, Spencer and Queenstown hospitals for the loyal help which I have received from them.

D. W. L. PARKER, O.B.E., M.Ch.Orth.,  
F.R.C.S., F.R.A.C.S.  
Director of Orthopaedic Services.



REPORT OF THE DIRECTOR OF PATHOLOGY FOR THE YEAR ENDED 30TH JUNE, 1962.

During the last twelve months, the increase in demand for Pathology Tests has been maintained, and the scope of the tests has been increased slightly.

BURNIE

It is still necessary for Dr. Nowell and Mr. Nute to visit regularly, as the Burnie staff is not highly qualified. The arrangement however, is working satisfactorily.

LATROBE

With the opening of the Mersey Hospital for patients, the new Pathology Department is now in full use and under the charge of Dr. Nowell. It has taken over most of the work formerly done at the Devonport laboratory.

LAUNCESTON

Since the resignation of Dr. Manoim, no suitably qualified applicant has been found for the position of Pathologist-in-Charge. However, the laboratory, with Dr. Bradley as Pathologist, is working smoothly.

HOBART

In spite of cramped quarters, the Hobart laboratory under Dr. Hamilton, continues to perform an increased number of tests each year. Opening of the new laboratory

for the Royal Hobart Hospital in the new wing in Argyle Street should take place in a few months and this will provide much better facilities than there are at present. It is proposed to retain the space in 24 Campbell Street, at present used for hospital pathology, and to set up a State Pathology Laboratory. Such a laboratory will be able to perform tests needed by the Directors of Public Health, and Tuberculosis, and to assist hospitals in some specialised work.

TRAINED STAFF

Our problems have eased a little since several trained technicians—mainly from Britain—have arrived over the last year.

MEDICO LEGAL WORK

This is being satisfactorily carried out by Dr. Nowell, Dr. Bradley and myself.

CANCER DETECTION

This service is being used more than ever, and slides are now being received at the rate of about 6000 annually from all over the island. Most practitioners appear to appreciate this service.

CAMPBELL DUNCAN, Director of Pathology.

REPORT OF THE NURSES' REGISTRATION BOARD FOR THE YEAR ENDED 30TH JUNE, 1962.

PERSONNEL

Dr. J. Edis, Chairman; Dr. C. Craig;; Dr. P. Nolan; Dr. C. Petrovsky; Miss J. O. Brown; Miss B. L. Campbell; Mrs. B. M. Stephens; Miss N. Winwood; Miss L. M. Zwar.

MEETINGS

Five ordinary meetings have been held during the year.

LEGISLATION

No changes have been made to the Nurses' Registration Act this year.

Regulations

Members of the Nurses' Registration Board in association with representatives of the Royal College of Obstetricians and Gynaecologists made a complete review of the Regulations concerning Midwives and the curriculum for Midwifery training and Regulations were amended to give effect to their recommendations.

TRAINING SCHOOLS

General	9
Midwifery	6
Psychiatric	2
Child Health	2
Tuberculosis	1
Auxiliary (General)	4
Auxiliary (Geriatric)	1

STUDENT NURSES

1. Application for training approved—513.

General	311
Midwifery	125
Psychiatric	31
Child Health	7
Tuberculosis	1
Auxiliary (General)	27
Auxiliary (Geriatric)	11

2. Commenced training—442.

General	271
Midwifery	119
Psychiatric	11
Child Health	12
Tuberculosis	1
Auxiliary (General)	15
Auxiliary (Geriatric)	13

3. Completed training—286.

General	163
Midwifery	90
Psychiatric	3
Child Health	9
Tuberculosis	0
Auxiliary (General)	8
Auxiliary (Geriatric)	13

4. Resigned or discontinued training for any reason before completion of training—164.

General	127
Midwifery	18
Psychiatric	7
Child Health	1
Tuberculosis	0
Auxiliary (General)	10
Auxiliary (Geriatric)	1

5. Total number in training on 30.6.62—781.

General	582
Midwifery	106
Psychiatric	58
Child Health	4
Tuberculosis	0
Auxiliary (General)	18
Auxiliary (Geriatric)	13

EXAMINATIONS

1. No educational examinations for intending student nurses were held this year.

2. Examinations for registration:

Number held—

Ordinary	3
Auxiliary	3
Number of candidates	281
Number passed	274
Number failed	7

Details of Results:

Subject	Candidates	Passed	Failed
General	151	147	4
Midwifery	90	89	1
Psychiatric	4	4	...
Child Health	10	9	1
Tuberculosis	1	1	...
Aux. (General)	14	13	1
Aux. (Geriatric)	11	11	...
	281	274	7

REGISTRATION

1. Applications approved—666.

General	385
Midwifery	199
Psychiatric	10
Child Health	26
Tuberculosis	2
Auxiliary (General)	33
Auxiliary (Geriatric)	11



2. Number who renewed registration for the year—1675. Of these 90 were Auxiliary Nurses.

3. Number of registrations current 30.6.62—3358.

General	2035
Midwifery	931
Psychiatric	72
Child Health	198
Tuberculosis	27
Auxiliary	95

4. Number of persons on the current register—2275. Of these 95 are Auxiliary Nurses.

Details of registrations:

	No.	No. of Certs.
General	1,164	1,164
General and Midwifery	647	1,294
General, Midwifery and Child Health	177	531
Midwifery only	83	83
Psychiatric only	54	54
General and Tuberculosis	10	20
Midwifery and Child Health	3	6
General and Child Health	8	16
General and Psychiatric	8	16
General, Midwifery and Tuberculosis	8	24
General, Midwifery and Psychiatric	3	9
Tuberculosis only	5	5
General, Midwifery, Psy- chiatric, Child Health and Tuberculosis	1	5
General, Midwifery, Psy- chiatric and Tubercu- losis	6	24
General, Midwifery, Child Health and Tubercu- losis	3	12
	<hr/> 2,180	<hr/> 3,263
Auxiliary	95	95
	<hr/> 2,275	<hr/> 3,358

NOTE: Some nurses registered for Midwifery only or for Midwifery and Child Health, have been registered as general nurses as well, but the general registration, having been effected earlier has lapsed and not been renewed.

POST-GRADUATE DIPLOMAS

Post-graduate diplomas—there are 22 people in the State holding post-graduate diplomas as follows:

Nursing Administration	6
Sister Tutor	4
Midwife Tutor	1
Ward Sister	7
Theatre Management and Teach- ing	2
Public Health Nursing	2

CENTRAL PRELIMINARY TRAINING SCHOOL

Three Preliminary Blocks have been held:

55 Students attended.
22 passed.
12 failed.
1 resigned.
20 were still at the school on 30.6.61

Three Second Blocks have been held:

29 students attended.
15 passed.
14 failed.

Eighty-four students have attended the six Blocks held during the year.

GENERAL

Most nurses who have completed their general training this year have been three-year students. There does not appear to be any appreciable difference in their results. As will be seen there were 151 general candidates who sat for examination and there were four failures which is quite a low percentage.

Foreign Students

Many applications are being received from girls from other countries wishing to train here—they are chiefly from Fiji, Malaya and Hong Kong, but only a very small number have the required educational standard. Some of those who come find great difficulty in settling down, and study is difficult for them. However, a few of them are doing very well.

There were 12 foreign students in training in our general training schools on the 30.6.62. This includes only those girls who have come here for the special purpose of training and do not include those who are living here permanently now.

Registration of Foreign Trained Nurses

Two foreign trained nurses have been registered this year—one a Dutch nurse following registration in several other Australian States and the other, a German nurse, after a period and an oral examination at a Tasmanian training school.

Procedure Book

A review of the procedure book has been commenced. As soon as this is completed the book will be reprinted, but it is still in progress on the 30th June. A review of the methods of urine testing is to be included in the curriculum and the type of examination in this subject was already under review—it has been included in the full review of the procedure book now, and no alteration will be made until this is completed.

Training of Mental Deficiency Nurses

A request has been made for provision to be made for the training of Mental Deficiency nurses in Tasmania. A Bill is ready for presentation to Parliament and the syllabus is being prepared, pending the passing of this Bill.

Metric System

The Board feels that the time is not opportune yet for the metric system to be introduced into our training schools but as some hospitals in this State and elsewhere are already using this system, the training schools have been instructed to commence the teaching of it and to supply all students with conversion tables. This will be of benefit to them if they join the staff of a hospital where it is in use and should make matters easier if, and when, it is eventually adopted.

JOHN EDIS, Chairman.  
L. H. SIDEBOTTOM, Secretary.

REPORT OF THE HANDICAPPED CHILDREN'S ADVISORY COUNCIL FOR THE YEAR ENDED 30TH JUNE, 1962.

The Council has only met on one occasion during this year and the main items of interest to the council is the Retarded Children's Association proposal for the building of sheltered workshops on the Eastern Shore. It is expected the Council will receive full information con-

cerning this project from the Association in the near future and will be making a recommendation to the Government during the next financial year.

JOHN EDIS, Chairman.

REPORT OF THE NATIONAL FITNESS SECTION FOR THE YEAR ENDED 30TH JUNE, 1962.

Staff employed in the Section during the period were—

Title	No. of Positions	Station
State Supervisor	1	Hobart
Regional Supervisor	1	Devonport
Field Officers	6	Hobart 3 Launceston 2 Burnie 1

The Section implemented the policy of the National Fitness Council of Tasmania under direction of the State Supervisor acting as Chief Executive Officer of the Council.

Clerical services for the work of the Section were provided by the National Fitness Council establishments in Hobart, Launceston and Devonport, from Commonwealth funds. National Fitness staff carrying out these services



are not public servants and this differentiation between employment conditions of staffs working so closely together, is considered unsatisfactory.

The Section was dependent upon the National Fitness Council for provision of facilities, equipment and finance for promotion of programmes and activities. Through lack of finance it was necessary to organise activities on the basis of reimbursement of costs from fees levied on recruited participants. This had a restrictive influence on promotional work.

Main areas of work were concerned with recruitment of members for Sports, Physical Recreation and Youth Organizations, advisory and practical assistance to clubs and association, the promotion of new activities and the organization of beginners groups and coaching classes. There was a very heavy demand for assistance in conducting camp programmes and in the conduct of major sports carnivals.

Close liaison and co-operation was maintained with local government and other authorities interested in the provision of facilities and in the promotion of other aspects of National Fitness.

Administrative services were provided for the National Fitness Training Centre in Launceston and also for

Community Recreation Centres at Devonport and Moonah. Following is a summary of the main features of the Section's programme of practical courses and activities:—

Visits to Youth Clubs—147 visits.  
Youth Leadership Training—9 courses, 210 enrolments.  
Promotion of New Clubs and Associations—23 clubs, 10 associations.  
Youth Camp Programmes assisted—33 camps.  
Youth Camps conducted—8 camps, 980 bednights.  
Youth Hostel and Bush Walking Expeditions promoted—21 expeditions.  
Sports Coaching classes conducted—890 sessions, total attendance 22,190.  
Sports Rosters promoted and conducted—412 teams, 4269 participants.  
Special Tournaments and Events organised or assisted—20 events.  
Displays organised—10 displays.  
Assistance in administration and supervision of Indoor Recreation Centres—3080 competitors weekly.  
Youth Hostels Associations—392 members, 4700 bednights.

K. O. THOMAS, State Supervisor.

## REPORT OF ST. JOHN'S PARK FOR THE YEAR ENDED 30TH JUNE, 1962.

The following report is submitted for the period 1st July, 1961 to the 30th June, 1962, together with statistics.

### GERIATRIC TRAINING

Since St. John's Park Hospital was declared a training school for Auxiliary Nurses (Geriatric Section) on the 3rd April, 1957, five examinations have been held under the jurisdiction of the Nurses' Registration Board, and to date 76 persons have passed the examination for Geriatric Nurses. However, I do feel that the standard of nursing must be elevated at St. John's Park Hospital in order to cope with the type of patient admitted, and a suggested curriculum has been forwarded to the Nurses' Registration Board for its consideration. It is hoped that this request for higher standards will receive favourable consideration.

### THE NEW WOMEN'S HOSPITAL

The Bruce M. Carruthers Wing was officially opened by the Hon. the Minister for Health, Doctor J. F. Gaha, on the 6th August, 1961, and was occupied on the 10th August, 1961. It houses 52 patients and has all modern facilities including central heating and a high temperature hot water service. This building is proving very beneficial for the hospitalisation of the aged people.

The opening of this building helped to relieve the acute demand for hospital beds. However, the relief was only of a temporary nature as there are at the present time more than 100 names on the waiting list for the Women's Division, most of them very urgent cases and all of them requiring immediate admission.

The building and its appointments are the subject of most favourable comment from visitors, patients and staff.

### ST. JOHN'S PARK HOSPITAL HOLIDAY CENTRE AT CARLTON BEACH

This project is steadily progressing and to date a staff cottage, sunroom lounge, kitchen, rest centre and six chalets have been completed, and a large community hall is in the process of being built. Although the building of this holiday centre will not be completed this year it will be possible to partially occupy it, and selected patients from St. John's Park Hospital will be allowed to spend a holiday at Carlton Beach during the summer months.

I take this opportunity of thanking the Lindisfarne Apex Club and members of St. John's Park Hospital staff who have readily assisted in this programme and are continuing to render excellent service. During the past year many patients again visited the holiday centre and were guests of the St. John's Park Kiosk Auxiliary for afternoon tea, and there is no doubt that the patients who participated benefited from the change of environment.

All work on this project has been of a voluntary nature and it is estimated that the value of the buildings erected so far would be in the vicinity of £35,000 to £40,000, and to date this project has cost the Government approximately only £15,000.

### HOSPITALISATION

Doctor Le Souef resigned as Medical Officer on the 13th April, 1962, and I take this opportunity of thanking him for his faithful devotion to duty and the interest that he took in the care of the patients at St. John's Park Hospital for many years. Doctor A. Corney was appointed to the position of Medical Officer from the 14th April, 1962. Doctor Corney has taken a keen interest in the treatment of the aged persons and he is instituting medical systems which should be very beneficial to the staff and patients alike.

It is interesting to note that of approximately 500 patients resident at St. John's Park Hospital there are 360 receiving daily medical attention as prescribed by the doctor. There is no doubt that the type of patient being admitted to St. John's Park Hospital today requires hospital attention which demands first class nursing.

### HANDCRAFT CENTRE

Many happy hours are spent by patients at the Handcraft Centre and it is pleasing to record the increased number participating in this occupational therapy.

### BUILDING PROGRAMME

The new office was completed and occupied on the 11th December, 1961. This building is a decided acquisition to the staff and to the public as well. The office staff is most appreciative of the new accommodation and facilities which have helped them to carry out their work in more congenial surroundings.

With the re-occupation of the new office the PABX telephone system was installed and this has proved to be of great benefit to the efficient working of St. John's Park Hospital.

The high temperature hot water service which was installed at the old Women's Block, the Bruce M. Carruthers Wing, Karingal and Gellibrand House is now complete, and there is now an ample supply of hot water. This service is first class and is a great benefit to the patients and staff.

Work on the new casualty block commenced on the 27th October, 1961. This unit, which consists of a casualty room, doctor's surgery and consulting and treatment rooms, is urgently required and should be completed in the near future.

Plans for the new amenities block have been completed and approved, and it is hoped that this work will commence in the near future. There is no suitable accommodation at St. John's Park Hospital for the staff to have meals and this is urgently required.

Our present store is over 100 years old and is inadequate and most unsatisfactory. Plans have been drawn for this building and it is hoped that something can be done in this regard in the near future.

St. John's Park Hospital is desperately in need of a new Nurses' Home. Plans have been drawn for this building for many years now but, unfortunately, it has



not been possible to allocate money for the building of same. The staff is complaining of the dampness of this old building and I am compelled at the present time to employ only nurses who can live out as there is no living-in accommodation available.

Too much stress cannot be made on the inadequacy of St. John's Park Hospital to cope with the aged persons requiring admission and also its inability to cater for those persons who are resident. This is caused by the fact that we are compelled to occupy buildings which are over 100 years old and are most unsuitable for present day requirements. There is definitely not sufficient accommodation at St. John's Park Hospital to meet public demand. There is no chapel. The patients have to be removed from day rooms so that religious services can be carried out. There are not sufficient sunrooms or lounges to cater for the needs of the old people. It is sincerely hoped that some attention can be given to these matters in the near future.

ST. JOHN'S PARK CEMETERY

Under the jurisdiction of the St. John's Park Improvement Act 1960 during the past twelve months applications have been received from the public to have the graves transferred to Cornelian Bay and various other centres. This work has commenced and should be completed in the coming year. When this area is converted into a park it should be very beneficial to the residents of St. John's Park Hospital.

ST. JOHN'S PARK BOYS' AND GIRLS' CLUBS

Once again a happy year has been spent in the social activities of the Boys' and Girls Social Club. The general spirit which exists is very heartening and it is very pleasing to know that more members of the staff are taking a personal interest in the boys and girls, and I take this opportunity of thanking those officers who have given of their time voluntarily to make the lives of the boys and girls at St. John's Park Hospital a little happier. The boys participated in football and cricket during the year, and the girls enjoyed playing tennis.

RELIGION

During the year the spiritual welfare of the patients was given every attention by the various denominations. Services were held regularly but unfortunately there is no chapel at St. John's Park Hospital and the religious services have to be held in the various day rooms, which is most embarrassing. I would like to thank those persons who have been responsible for the spiritual welfare of the patients during the past year.

APPRECIATION

During the past year the policy of endeavouring to make the lives of the patients happier at St. John's Park Hospital by supplying change of environment and organised trips has been very successful, and I take this opportunity of thanking the staff at St. John's Park Hospital, the St. John's Park Kiosk Auxiliary, the Lindisfarne and Moonah Apex Clubs, the Moonah and North Hobart Rotary Clubs, the Country Women's Association, the Red Cross Society, and all who have assisted in carrying out this programme. I look forward with keen anticipation to their continued support and help in this regard.

My sincere thanks are due to the members of the St. John's Park Kiosk Auxiliary for their splendid work during the past year. It has been responsible for supplying over £2000 worth of equipment for the benefit of the patients. This work is greatly appreciated.

Our special thanks are due to the Director-General of Health Services, Doctor J. Edis, for his sincere interest in our problems and his efforts at all times to try and meet our many demands.

Last, but not least, I would like to record my sincere appreciation to the staff for the splendid way in which they have carried out their duties during the past year. I cannot speak too highly of my staff, many of whom have given hours and hours of overtime without any reward whatever, except the knowledge that they have contributed to the comfort and happiness of the patients at St. John's Park Hospital.

HOSPITAL STATISTICS

NUMBER OF BEDS AVAILABLE

Women's Division	..	215 including 120 Hospital Beds
Male Division	..	349 including 101 Hospital Beds
		<hr/>
		564
		<hr/>
		221
		<hr/>

PATIENTS

Year	Number of Residents at Commencement of Year			Admitted			Discharged			Deaths			Remaining at End of Year			Average Daily Number
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	
1960-61 ..	280	145	425	164	52	216	89	28	117	73	27	100	282	142	424	420.17
1961-62 ..	282	142	424	155	123	278	68	26	94	96	49	145	273	190	463	455.76

SUMMARY

	1960-61	1961-62
Number resident at commencement .....	425	424
Admitted during year .....	216	278
	<hr/>	<hr/>
	641	702
Discharged during year .....	117	94
Deaths during year .....	100	239
	<hr/>	<hr/>
	424	463
	<hr/>	<hr/>
Revenue:		
	1960-61	1961-62
	£	£

Expenditure:

Salaries .....	210,030	243,650
Fuel and light .....	18,244	14,115
Provisions, medicines, &c. ....	52,486	57,463
Equipment, stores, uniforms and maintenance .....	27,156	27,961
Sundries .....	7,792	9,037

FINANCE

Commonwealth Hospital Benefits .....	23,908	28,550
State Aid (net cost) .....	233,317	262,920
Invalid and Old Age Pensions contributions .....	36,761	38,382
War Service Pensions contributions .....	2,794	3,331
Private maintenance .....	14,727	14,835
Laundry services .....	3,135	3,014
Sundries .....	1,066	1,194
	<hr/>	<hr/>
	£315,708	£352,226
	<hr/>	<hr/>

	£	s.	d.	£	s.	d.
Gross daily .....	2	1	2	2	2	4
Net daily cost per inmate .....	1	10	5	1	11	7
Gross weekly cost per inmate ....	14	8	2	14	16	5
Net weekly cost per inmate ....	10	13	0	11	1	3

A. J. TREBILCOCK, Superintendent.



REPORT OF THE TECHNICAL DIVISION (CHEMISTRY) FOR THE YEAR ENDED 30TH JUNE 1962.

STAFF

In October we regretfully farewelled the Government Analyst, Mr. H. E. Hill, after 17 years of office. He will be long remembered for his kindly manner and the valuable assistance readily given to his staff, other service officers and the members of the public who sought his advice. On behalf of the laboratory staff the Public Service Commissioner made a presentation to Mr. Hill at a small function held in the laboratories. We hope that Mr. Hill will be spared for many years in which to enjoy his well-earned retirement.

Mr. Stackhouse was promoted to the position of officer-in-charge of the newly established Agronomy Division Soils Laboratory in February this year, leaving a vacancy for which it will prove difficult to obtain a replacement of similar calibre.

A vacant position of Technical Assistant was filled in January by the appointment of Mr. Langlois.

Mr. Jones obtained his Diploma of Applied Chemistry at the December examinations and his transfer to the professional staff will materially assist in the work of the Division.

At the moment of writing, the offices of chemist-in-charge of both the Food and Agricultural sections remain unfilled. The extremely low salaries being offered for these senior positions is making it almost impossible to obtain chemists with sufficiently wide experience to fill the vacancies. Much important work has had to be severely curtailed as we now have the lowest number of qualified staff for 13 years. This has been detrimental to laboratory efficiency as well as that of those departments dependent on our services.

To the staff I express my sincere thanks for their valuable support during a difficult and arduous time for all.

SUMMARY OF WORK

Samples for Analysis

The materials examined number 4692, an increase of 1026 over the previous year. Once again the Agricultural work—chiefly soil testing and plant analysis, predominated to be followed closely by air and gas testing, as was the case last year. Food and water samples were again well to the fore and there was a marked increase in the number of human toxicological samples examined.

The following tables illustrate the nature and sources of the materials submitted:—

TABLE 10.—MATERIALS EXAMINED

Soils .....	1,483
Air and gases .....	1,324
Plants .....	590
Waters .....	365
Foods .....	256
Toxicological (Human) samples	222
Crime exhibits .....	63
Blood alcohol tests .....	57
Feeding stuffs .....	54
Fertilisers .....	51
Detergents and cleaning materials .....	41
Animal poisoning samples .....	25
Pesticides .....	21
Building materials .....	21
Corrosion products .....	14
Disinfectants .....	14
Fuels and lubricating oils .....	13
Inflammable liquids (other than fuels) .....	7
Paper and textiles .....	7
Drugs and medicines .....	6
Paint .....	6
Toothpaste (fluoridated) .....	4
Human milk .....	3
Cosmetics .....	1
Miscellaneous .....	44
	<hr/> 4,692 <hr/>

TABLE 11—SOURCES OF SAMPLES

State Departments—	
Agriculture .....	1,958
Health .....	1,329
Police .....	317
Forestry .....	97
Supply and Tender .....	58
Inland Fisheries .....	48
Tasmanian Grain Elevators .....	34
Agricultural Bank .....	26
Public Works .....	15
Hydro-Electric Commission .....	12
Rivers and Water Supply .....	8
Transport (Railway Branch) .....	8
Labour and Industry .....	5
Education .....	3
Prisons, Industrial Development, Pharmacy Board (1 each) .....	3
Public and business firms .....	516
Local authorities .....	201
Hospitals and institutions .....	30
Commonwealth Departments .....	24
	<hr/> 4,692 <hr/>

Advisory Work

This aspect of the function of the Division continues to grow with each year, particularly with respect to the chemical problems encountered by various government departments, both State and Commonwealth. Investigations are still being made in conjunction with the Dairy Division of the Department of Agriculture into problems associated with the most suitable and economic detergents for dairy use. The water supplies to several hospitals are being investigated with a view to improvement. Certain difficulties concerned with the stocking of inland waters with trout have been referred to the laboratory for advice and investigations.

Constant reference is made to the laboratory for information re the composition and efficiency of drugs, feeding stuffs, disinfectants, building materials, &c. A large amount of this advisory work does not involve actual chemical analysis of samples and is therefore not included in the tables above, but it takes up a considerable amount of the time of various officers, particularly the senior staff.

AGRICULTURAL CHEMISTRY

The importance of agriculture and agricultural products in the life of the community may be gauged from the fact that 2200 of the total samples examined (4692) were of these materials.

Soil samples (1483) again took pride of place while plant samples (590) were well up on the previous year's figures.

Farmers continue to submit soil samples in the realisation that soil analysis, coupled with the technical knowledge of the agricultural field officers, can be of assistance in helping to overcome soil fertility problems on their properties.

A number of pesticides were again examined in connection with alleged damage to trees and crops following the use of spray materials. In several cases the complaints were able to be supported, but it would appear that in many cases the trouble experienced is due to poor adherence to the makers' instructions and not in faulty or contaminated materials.

The growth of interest in the use of properly formulated feeding stuffs, particularly in poultry husbandry, is reflected by the increase in the number of such samples submitted during the year.

FORENSIC CHEMISTRY AND TOXICOLOGY

Exhibits examined for the police in connection with crimes numbered 63 (15 cases) and in most cases entailed later attendance at court proceedings. Safe insulating materials, soil, debris from clothes, paint flakes and glass fragments were the chief items examined, mainly in connection with safe-breaking, break-and-enter- and hit-and-run accidents (one victim being a police officer on duty).

Toxicological specimens numbered 222 from 52 cases. Barbiturates again accounted for the largest number of deaths with other sedative drugs well to the fore, apparently having displaced strychnine and arsenic as the favoured materials.



Specimens submitted for blood alcohol tests showed a decrease over the previous year's figures, the difference being in the number of samples submitted as a result of voluntary blood tests taken from persons accused of driving under the influence of alcohol (18). It is, however, significant that of these 18 specimens, 16 were found to contain a concentration of alcohol in excess of 150 milligrams per 100 millilitres. The remainder of the specimens (41) were mainly taken from deceased persons (road accident victims, murder victims and persons found dead without any cause being shown at autopsy). Alcohol was present in all but eight cases.

Industrial Hygiene

A number of tests were carried out in connection with the use of low-pressure gas fork-lift trucks in ships' holds. These proved satisfactory and the use of this type of vehicle in such confined spaces was approved by the authorities concerned. Unfortunately, on one occasion, several waterside workers were overcome by carbon monoxide fumes, subsequently traced to maladjustment of the air-fuel injector system. A check of the air in the hold, 1½ hours after the complaint, disclosed carbon monoxide levels of 500-600 p.p.m. in various sections of the working space. It is not expected that a similar situation will occur in the future with daily checks of the exhaust carbon monoxide level and the improved ventilation recommended.

In one industrial undertaking samples of air taken in the breathing zone of operators engaged in the argon welding of aluminium showed dangerous concentrations of ozone, a problem now overcome by better designed ventilation.

Atmospheric Pollution

Regular sampling in connection with the alleged smoke pollution near a brickworks in Launceston had to cease in December, firstly on account of the breakdown of the equipment used and latterly, after replacement of the defective equipment, by the absence of any suitable housing for the tester due to the resumption by the Public Works Department of the hut previously used.

Appreciation is recorded of the assistance given by the N.S.W. Occupational Health Laboratory in determining the early results of tests taken with our automatic smoke sampler. The purchase of our own comparison apparatus will enable us to carry out the reading in the future.

Investigation into the alleged air pollution from a southern brickworks is still continuing.

WATERS AND CORROSION PROBLEMS

Approximately the same number of waters as last year were examined. However, the number of samples submitted by local authorities from established, or proposed, water sources for townships decreased. Due to the extremely dry conditions over the whole State, there was a corresponding increase in the number submitted by private persons seeking alternative domestic water sources. In quite a few cases these were taken from re-opened wells, previously disregarded for up to seventy years as a source of water. In many cases they were found to deliver potable water and in the majority of the other cases, cleaning of the disused wells enabled a potable water source to be established in addition to the reliance previously placed on the tank storage of rain water.

MISCELLANEOUS ACTIVITIES

Since the retirement of Mr. Hill I have replaced him on various Boards and Committees including the Food and Drugs Advisory Committee; the Stock Medicines, Fertilisers and Pesticides Boards; the Fluoridation Committee; &c. Mr. J. W. Wishart, the Assistant Government Analyst, has given the major part of the evidence in the court work, the balance being given by me. Until his promotion, Mr. K. M. Stackhouse was responsible for the liaison between the laboratory and the officers of the Department of Agriculture, a function latterly being carried out by Mr. J. G. McDavitt.

In conclusion I must express the deep concern felt by the whole laboratory staff at the existing gross deficiency of modern, highly specialised instruments required by a laboratory of our scope. Without this equipment the detection and determination of many highly toxic drugs as well as dangerous chemicals used as pesticides, &c., cannot at present be undertaken by the laboratory, with the distinct possibility that cases of death caused by such materials could pass undetected. Additionally, the present building, which was not designed as a laboratory, is not only unsuited to modern laboratory needs but is also grossly overcrowded, thereby further reducing personal and group efficiency. Until the laboratory is housed in premises designed to meet present-day requirements and is fully equipped with the necessary range of modern apparatus and instruments, it is impossible either to meet the demands made of it or to fulfil the purposes for which it was established.

M. H. R. SHIPP, B.Sc., A.R.A.C.I.,  
Government Analyst and Chemist.

VITAL STATISTICS SUPPLIED BY THE DEPUTY COMMONWEALTH STATISTICIAN.

STATISTICAL AND GENERAL		AUSTRALIAN BIRTH-RATES PER 1000 OF MEAN POPULATION				
Population: Estimated on 31st December, 1961—			1958	1959	1960	1961
			(a)	(a)	(a)	
Males ....	185,661	Tasmania ....	25.55	25.26	25.52	25.40
Females ....	178,473	New South Wales ..	21.66	21.49	21.38	22.06
	<hr/>	Victoria ..	22.55	22.36	22.41	22.51
	364,134	Queensland ....	23.59	24.31	23.62	24.18
		South Australia ..	22.35	22.12	22.19	23.11
		Western Australia ..	23.90	24.04	23.41	23.16
		Northern Territory	32.05	33.70	30.95	33.22
		Australian Capital				
		Territory ....	31.01	29.22	30.12	29.49
			<hr/>	<hr/>	<hr/>	<hr/>
		Australia ....	22.60	22.57	22.42	22.85
			<hr/>	<hr/>	<hr/>	<hr/>
(a) These rates have been re-calculated on the basis of population figures adjusted in accordance with the preliminary results of the census of 30th June, 1961.						

CAUSES OF DEATH IN TASMANIA, 1957-61.

Group No.	International Classification Code No.	Cause of Death	1957	1958	1959	1960	1961
1	001-138	Infective and Parasitic Diseases .....	37	49	33	42	34
2	140-239	Neoplasms .....	391	395	371	414	404
3	240-289	Allergic, Endocrine System, Metabolic and Nutritional Diseases .....	72	62	76	64	80
4	290-299	Diseases of the Blood and Blood Forming Organs .....	12	7	10	18	12
5	300-326	Mental Psychoneurotic and Personality Disorders .....	26	28	17	12	12
6	330-398	Diseases of the Nervous System and Sense Organs .....	408	377	391	346	352
7	400-468	Diseases of the Circulatory System .....	943	997	1,035	1,001	1,075
8	470-527	Diseases of the Respiratory System .....	217	203	245	206	203
9	53-587	Diseases of the Digestive System .....	73	104	84	89	83



CAUSES OF DEATH, 1957-61—continued.

International Classification			1957	1958	1959	1960	1961
Group No.	Code No.	Cause of Death					
10	590-637	Diseases of the Genito Urinary System ....	93	81	65	89	108
11	640-689	Deliveries and Complications of Pregnancy, Childbirth and Puerperium ....	2	8	2	4	3
12	690-716	Diseases of the Skin and Cellular Tissue ....	1	3	6	7	5
13	720-744	Diseases of the Bones and Organs of Movement ....	13	13	12	18	13
14	750-759	Congenital Malformations ....	49	38	57	45	55
15	760-776	Certain Diseases of Early Infancy ....	93	91	100	78	90
16	780-795	Symptoms, Senility, and Ill-defined conditions ....	22	29	40	19	33
17	800-999	Accidents, Poisoning, and Violence ....	218	223	236	218	227
			2,670	2,708	2,780	2,670	2,789

SPECIFIC DISEASES INCLUDED IN THE ABOVE GROUP.

International Classification			1957	1958	1959	1960	1961
Group No.	Code No.	Cause of Death					
1	001-019	Tuberculosis (all forms) ....	16	31	19	22	15
2	140-205	Malignant Neoplasms ....	386	391	368	407	396
3	260	Diabetes Mellitus ....	49	42	60	43	52
6	330-332	Cerebral Haemorrhage and Thrombosis ....	336	317	309	292	298
7	410-443	Heart Diseases ....	814	844	897	891	949
8	490-493	Pneumonia ....	126	140	157	133	107
8	500-502	Bronchitis ....	43	45	27	50	69
10	590-594	Nephritis and Nephrosis ....	43	36	32	34	42
17	810-825	Motor Vehicle Traffic Accidents ....	66	74	67	86	71
17	910-936	Other Accidents ....	57	57	63	62	62
17	970-979	Suicide ....	40	33	33	20	29

Report of the Division of Public Health for the Year Ended 30th June, 1962

In recent years a great deal has been written about the ageing of the population, the increased expectancy of life, and the consequent growing importance of the problems of old age. It is obvious that most of this will have been penned by people, like myself, approaching the age of retirement; and human nature being what it is, probably to such people the actual or prospective needs of old age are becoming of increasing interest.

It is necessary that we should preserve a sense of proportion. While it is true that the average life span in the Western world has increased, though not as much as many people think, we must remember that there has been almost a population explosion in Australia, and that it has been concentrated largely in the younger age groups. Since 1954 the number of births in Tasmania in each year has been greater than in the previous year; and there is every sign that this increase will continue. The census of 1961 revealed the fact that 33.48% of the population of this State is under the age of 15 years. This is often described as a wave of increase of population which has had its impact firstly on services for infants, secondly on pre-school centres, and thirdly on schools. The very word "wave" is deceptive, because it carries with it the mental picture of a crest which produces a temporary rise in level, and then subsides. This is not a true picture. In the absence of some quite unusual calamity, the increase in population will go on. The so-called wave has swept through infant welfare services, pre-school centres, and schools; but there will be no slackening in this process. The increased number of children now leaving school will be reaching marriageable age in a few years, and will themselves be starting families. We cannot expect any slackening in

the demand for services connected with infant and child health; and we must beware of the geriatricians who would tell us that the problems of old age are all that matter.

Another aspect of this may be of considerable interest if only for its political implications in the future. In my annual report for 1957-58, which has never been printed, I referred to a visit to Tasmania in 1957 by Dr. Frank G. Dickinson, Director of the Bureau of Medical Economic Research of the American Medical Association. Dr. Dickinson was engaged in sociological research into the effects of the changing age-structure of the population of various countries. His conclusions were subsequently published in the Journal of the American Medical Association for 1st March, 1958. He points out that Australia, in 1961, would be the first "Western" nation in the world to enter upon an era in which the average age of the persons entitled to vote will become progressively younger as each year passes. If present trends continue (and there is every indication that they will), each year a higher proportion of voters will be under 50 years of age than the proportion in the year before. The effect on the electorate will be gradual, but will progress steadily. This means that, as years go on, more and more voters will be in the group that is interested in problems of youth rather than of age.

In any nation that may have to struggle to survive (and there can be little doubt that Australia is in this category) it is of vital importance to look after the youth of the community, for they are the people upon whom that nation will depend in the years to come. For all of these reasons, the health services that are concerned with youth are of paramount import-



ance. It is true that the problems with which they deal have changed in the last fifty years. When the infant welfare movement was founded by Truby King in the first decade of this century, the outstanding problem was the high infant mortality rate due largely to bad methods of infant feeding. Truby King founded a service, first in New Zealand, and afterwards elsewhere, which tackled this problem by the education of mothers. The particular problem has largely been solved; but others have arisen to take its place; and these too can be solved by education. The Child Health Service and the School Health Service are the best weapons available to us for health education, because the education that they impart is on a personal level, and this is the most effective method. Studies in Great Britain and elsewhere in recent years have shown that methods of mass propaganda are not nearly as effective as personal health education, where an individual can discuss his or her problem with someone qualified to help with it. For this reason in every year in which I have prepared the annual report of the Public Health Division, and particularly in recent years, I have given prominence to the work of these two services.

### HEALTH INDICATORS

The Expert Committee on Health Statistics of United Nations Organization has recommended the use of two figures as comprehensive health indicators. One is the proportionate mortality ratio at age 50; in other words the proportion of total deaths that occurs in people over the age of 50. The figures for the last ten years are shown below:—

#### *Deaths of Persons Aged 50 and Over*

Year	Number	Per Cent of Total Deaths
1952 ....	1,967	76.27
1953 ....	1,987	77.89
1954 ....	2,113	78.38
1955 ....	1,942	78.02
1956 ....	1,993	79.31
1957 ....	2,119	79.36
1958 ....	2,139	78.98
1959 ....	2,179	78.38
1960 ....	2,150	80.52
1961 ....	2,239	80.28

The other health indicator recommended by the Committee is the late infant mortality rate. The figures for each year since 1955 are:—

Age at Death	Infant Mortality Rate per 1000 Live Births					
	1956	1957	1958	1959	1960	1961
Under 1 month	14.9	13.6	12.4	14.8	11.2	11.9
1 month-1 year	6.1	6.6	7.1	8.6	7.8	4.9
TOTAL ....	21.0	20.2	19.5	23.4	19.0	16.8

The deaths between one month and one year include those which are preventable by a high standard of infant care. The low figure for 1961 is gratifying, though one must beware of drawing an optimistic conclusion from the figures for a single year.

### CHILD HEALTH SERVICE

The chart "Child Health Sisters per 1000 Live Births" shows that the staff is still below the level of 1951-56. In the annual report for 1959-60 I outlined some of the reasons which militate against the recruitment of fully qualified staff, and I do not propose to go over the same ground again this year. In the same annual report, and again in 1960-61, I gave a brief description of a plan for providing our own staff by a system of in-service training—the system which would be adopted, in similar circumstances, by industry.

It is disappointing that no progress whatever has been made with the appointment of a health visitor tutor, to organise this training; and until this appointment becomes possible, the plan must necessarily remain in abeyance, and we shall continue to live from hand to mouth in our search for qualified staff.

The following information is summarised from the report of the Supervisory Sister:—

#### (a) *Staff*

At the end of June there were 40 members of the staff, 38 full-time and two part-time. During the year three senior members of the staff, Sisters Lester, Murray and Hayes, retired. They will be sadly missed, and the sterling work that they have done in the service has been greatly appreciated.

#### (b) *Centres*

There are 101 centres including 12 travelling units. Scottsdale and Deloraine were without resident sisters for some months during the year; a member of the staff from Launceston paid occasional visits to the main centre during the year, but little, if anything, could be done to provide a service for outlying portions of these districts. Work commenced in three new centres during the year; at Howrah and Risdon Vale sisters conduct regular clinics in buildings borrowed or rented for the purpose, while a service is provided on Flinders Island by a sister who is flown from Launceston by light aircraft once a month, and visits mothers in their homes. New buildings at Riverside and Springfield were opened in July, 1961.

#### (c) *Transport*

Milage is paid to 24 members of the staff who use their own cars for the work. There are 11 departmental cars (4 Holdens, 4 Volkswagens and 3 Simcas).

#### (d) *Lectures in Mothercraft*

Lectures were given to senior girls from 34 schools and 511 certificates were granted. It is pleasing that the decline in the numbers attending these lectures in recent years has not continued. These lectures are a very practical piece of health education, and it is important that they should reach as wide an audience as possible.

#### (e) *Students*

Nine nurses completed the course for the certificate in Child Health, eight at the Mothercraft Home, and one at Calvary.

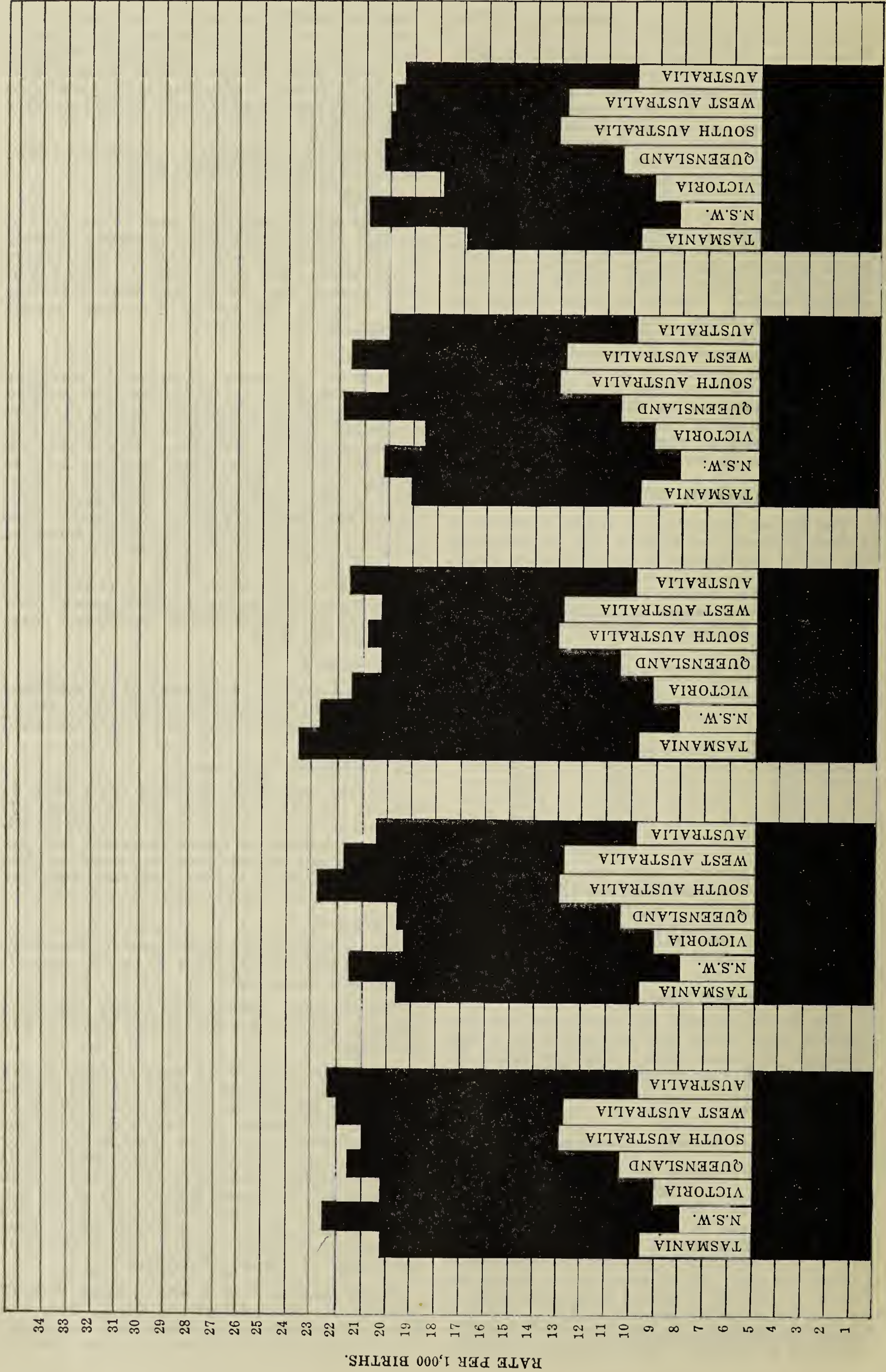
Twenty-seven mothercraft nurses completed training, fifteen at the Mothercraft Home, and 12 at Calvary.

One other aspect of the work of Child Health Clinics deserves special mention. At the suggestion of the Director of Mental Health, all babies attending the centres now have a urine test for phenylketonuria as soon as possible after they attain the age of six weeks. Phenylketonuria is a rare condition, appearing in infancy and leading, if unchecked, to mental defect. Its effects can be controlled, if detected soon enough, by a special diet; but the prevention of mental defect later depends on early detection. During this year 3876 tests were done, all negative.

Members of the staff owe a great debt of gratitude to Dr. J. Millar and Dr. R. Wall, who act as consultants at the Hobart and Launceston centres, and to Dr. N. Newman who has given up

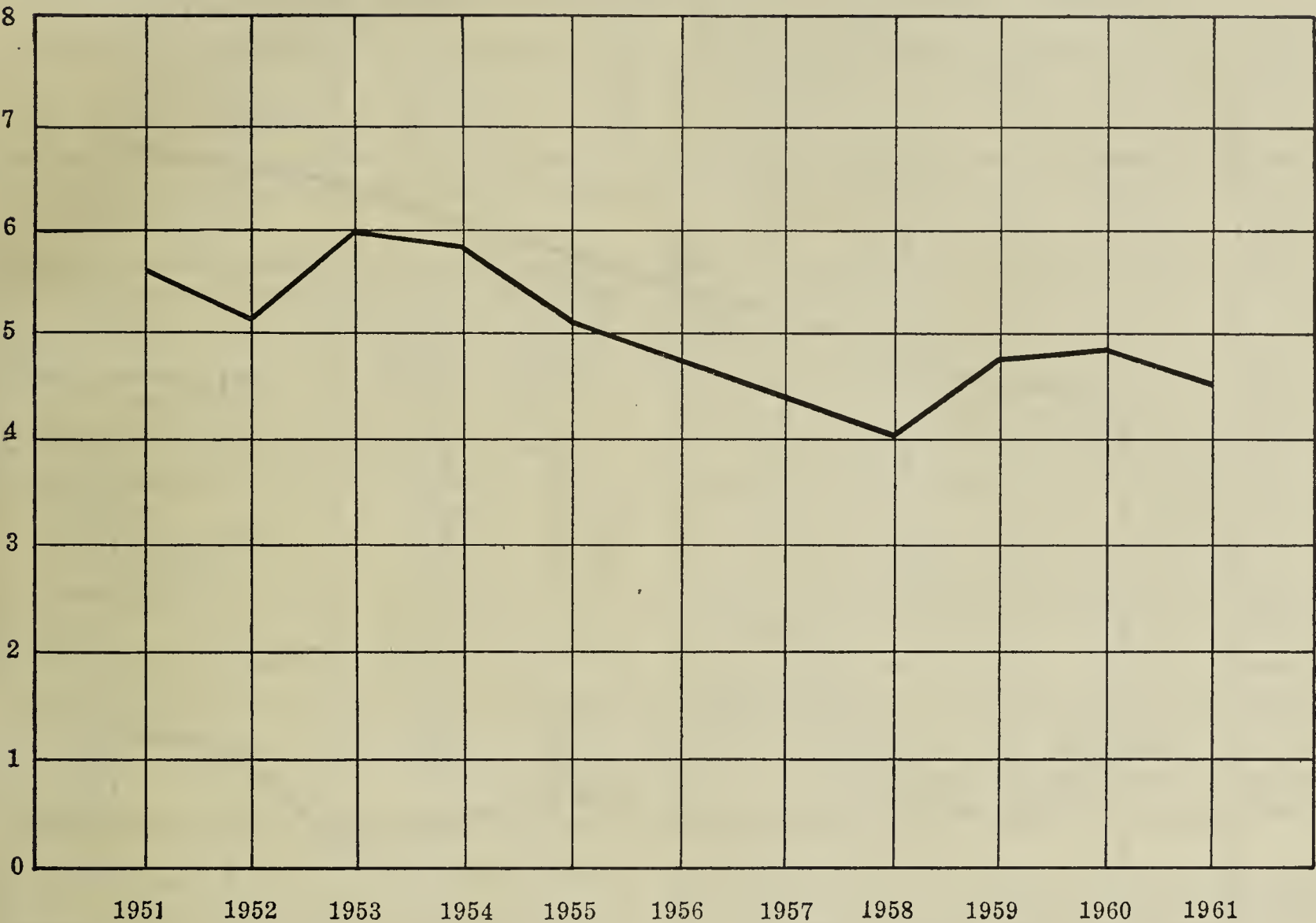


INFANT MORTALITY RATE AUSTRALIA 1957-1961 INCLUSIVE





CHILD HEALTH SISTERS PER 1.000 LIVE BIRTHS.



his valuable time for a series of talks to members of the Hobart staff on health problems of infancy. Dr. Newman's departure has left a gap that is hard to fill.

I also thank, on behalf of every member of the staff, the Child Health Association. The local committees of this association not only provide many of the things needed in the clinics, but also play a very important role in fostering local interest in this work of national importance. Once again, this year, in the interests of brevity, I have omitted from this report the tables giving full details of the work of the individual centres. These are published in the annual report of the association, copies of which can be obtained from the State Secretary, Child Health Association, Box 534F, G.P.O., Hobart.

The work of the Mothercraft Home has been carried on under the usual difficulties caused by an old and unsuitable building, and shortage of staff. It is quite noticeable that it is more difficult to get staff for the home than for positions as sister in the Child Health Service; and I have little doubt that this extra difficulty is occasioned by the working conditions in the home. As much as seems economically justifiable is being done to improve these conditions; but it is not easy to decide how much expenditure on an old and inconvenient building is justifiable. There is little doubt that the wisest thing would be to cut our losses and move the work of the home to a new building designed for the purpose. When one contrasts the present facilities with those provided in the Karitane hospitals that I saw during a recent visit to New Zealand, the difficulties under which our staff work become painfully obvious.

SCHOOL HEALTH SERVICES

These, of course, fall into two categories, medical and dental. The report on each is combined here, as each service has the same aim, to protect the health of school children; but this report is prepared from separate reports submitted to me by the Medical Officer in charge, and the acting Senior Dental Officer.

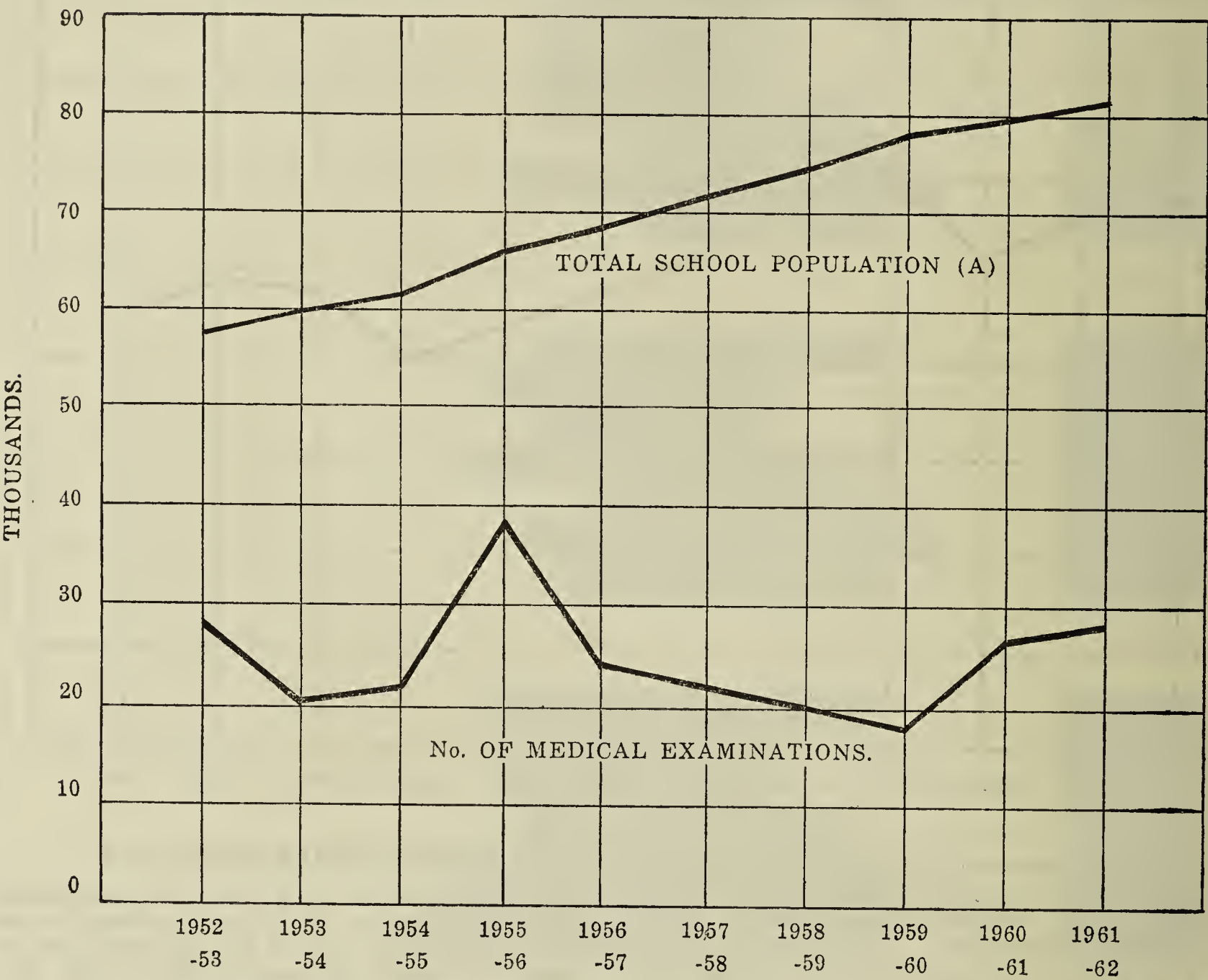
The chart, "School Population Compared with Medical Examinations" shows that in the last year the rate of increase in examinations has kept up with the rate of increase in school population; but we will still have a long way to go before we reach the average of the years 1951-56. As I have pointed out on a number of occasions, it is both more efficient and cheaper to employ one whole-time medical officer than two half-time ones. From this point of view the staff during this year has undoubtedly been the most effective that we have had, certainly since 1956, perhaps for much longer. At the same time some odd corners of the State can be efficiently served, for geographical reasons, by part-time officers. A list of the medical staff will appear at the end of this report.

There have been some changes in the staff of school sisters. An appointment was made in the Burnie district to the vacancy left by the death of Sister Stebbins; but unfortunately the appointee had to withdraw for health reasons, and has been replaced. Considerable difficulty was experienced in obtaining a replacement for Sister Kent, whose headquarters had been in Queenstown. Finally the problem was solved by three part-time appointments, one in Queenstown, one in Rosebery, and one in Strahan.



TASMANIAN SCHOOL HEALTH SERVICE

SCHOOL POPULATION COMPARED WITH MEDICAL EXAMINATIONS.



(A) Includes State and Private Schools.

An important adjunct to the work of the School Health Service has been the Sunshine Home. This institution, which is run by the Tasmanian Sunshine Holiday Home Association, is performing a most valuable service to the community, and one which represents a true application of Preventive Medicine. It enables children, selected by the staff of the School Health Service as needing a holiday by the sea, to spend three weeks at Howrah. It is most regrettable that the association has run into serious financial difficulty in keeping the home going; if it is forced to close, the loss will be a most serious one.

We still lack a Child Guidance Clinic, to which to refer those children who present behaviour problems. However, I understand that there is some prospect of the appointment of a Children's Psychiatrist to the Mental Health Division in the coming year. In the meantime, very valuable service is rendered by officers of the Mental Health Division who advise School Medical Officers on problems of this type.

The following facts are summarised from Dr. H. B. Gibson's annual report:—

(a) Total School Population ..... 81,491

(b) Number of Children Examined .... 28,216

(c) Number with Defects for Notification .....	8,442	(33.4%)
(d) Analysis of Defects:—		
(1) Orthopaedic—		
Posture .....	744	
Limbs .....	724	
Other .....	97	
	—	1,565
(2) Eye Conditions—		
Vision .....	1,216	
Squint .....	263	
Other .....	199	
	—	1,678
(3) Tonsils, Cervical Glands, &c. ....		535
(4) Ear Conditions—		
Hearing .....	317	
Otitis .....	57	
Other .....	160	
	—	534
(5) Nutrition—		
Overweight .....	151	
Underweight .....	95	
Other .....	36	
	—	282



(6)	<i>Skin and Hair</i>	259	
(7)	<i>Urogenital</i>	128	
(8)	<i>Heart</i>	97	
(9)	<i>Speech</i>	56	
(10)	<i>Goitre</i>	33	
(11)	<i>Hernia</i>	65	
(12)	<i>Lungs</i>	46	
(13)	<i>Mental Stability</i>	15	
(14)	<i>Others</i>	272	
(e) <i>Children examined with parents attending</i> 5116 (37.8%)			
(f) <i>Follow-up of defects noted at medical</i> <i>examinations, now known to have been</i> <i>treated—</i>			
		Physical	Dental
1960-61	examinations	2,832	1,150
1961-62	examinations	1,878	1,153
(g) <i>Immunisation history of school entrants:—</i>			
	Diphtheria	7,542	85.6%
	Tetanus	7,388	83.8%
	Whooping Cough	7,476	84.8%
	Poliomyelitis	8,091	91.8%
	Smallpox	435	4.9%
(h) <i>Assessment of personal hygiene of school</i> <i>entrants:—</i>			
	Excellent	3,632	41.24%
	Good	4,916	55.8%
	Fair	243	2.75%
	Poor	9	0.10%
	Not recorded	6	0.06%
(i) <i>Goitre Research</i>			

It has become increasingly apparent that, by supplying iodine in the form of tablets containing 1 mg. of potassium iodide to school children every week, we have succeeded in reducing the incidence of goitre, to practically normal levels, in at last two-thirds of the State, including Hobart and Launceston. In this area the rate (approximately 5% in adolescent girls) compares favourably with the incidence in those parts of the world generally considered non-goitrous. In the Huon district, in which there is some doubt about the complete success of iodine prophylaxis, treatment with thyroxin was found to reduce the size of thyroid gland in a significant number of children. In the schools on D'Entrecasteaux Channel, thyroxin appeared to protect some susceptible children from the effect of the goitrogenic factor which occurred each spring since 1956. This result was somewhat inconclusive, and it is proposed to use larger doses of thyroxin in 1962.

In the spring of 1961 the seasonal variation observed during the previous year in the North-West did not re-appear.

As in previous years, the work of the School Health Service has been greatly assisted by the co-operation of the Education Department, the Department of Social Welfare, the Commonwealth Acoustic Laboratory, and a number of medical specialists, particularly ophthalmologists, consultant physicians, and orthopaedic surgeons, who help by sending reports of cases referred to them.

On the Dental side of the Service, we have come to the end of an era with the retirement on 3rd April, 1962, of Mr. A. W. Scott. He joined the service in 1941, and became Senior Dental Officer in 1948. He has been a most valued

colleague who will be greatly missed. Dr. (Dent.) D. Macdonald has acted as Senior Dental Officer until the vacant position can be filled.

At the present time there are only 10 full-time school dental officers, though the full establishment should be 19. Shortage of staff is a problem which troubles dental services in many countries. It appears that, of the various professions that are entered through university training, dentistry is failing to attract its share of students, and this is resulting in a world-wide shortage of dental graduates. As soon as the new Senior Dental Officer is appointed, we hope to make an active drive for recruitment, to try to attract our share of those students who will graduate in the next year or two. If this fails, as it may in view of the factor mentioned above, and the specious lure of large gross incomes obtainable in private practice, we may have to give serious consideration to the training and employment of some form of ancillary staff, such as the so-called School Dental Nurse of New Zealand. Similar schemes are being instituted, or actively considered, in several other countries in the British Commonwealth, and have been advocated by the Senior Dental Officer of the Ministry of Health, in Great Britain. Of the success of the New Zealand scheme there can be no doubt; in the year ended 31st March, 1962, the ratio of fillings to extractions in School Dental Service patients was 100 to 3.4. The best figure in Tasmania in previous years was 1.96 to 1 in 1959-60; and the figure last year was 1.64 to 1.

Members of the dental staff consistently report the need for some orthodontic service in the State, but the possibility of the appointment of an orthodontist has been precluded both by the shortage of other staff and by financial considerations. Towards the end of 1961-62, Dr. John Heath, of Melbourne, made an offer to train two of our present staff in his system of orthodontics. This possibility will be explored when the new Senior Dental Officer is appointed.

A new static dental clinic is now in use at Ulverstone, enabling the dentist in that district to alternate between the town and a mobile clinic in the country. In view of the number of country children who come to the town schools by bus, and the fact that Ulverstone serves as a convenient centre for a large sector of the hinterland, such an arrangement provides a better service for the majority of country children in the area than is possible from a mobile clinic alone. A similar combination of static and mobile clinics has worked well in the Devonport and Burnie districts for a number of years.

Ever since April, 1958 I have been resisting various proposals made, usually directly to the Minister without any consultation with people actually working in the service, for the transfer of the school dental clinic in Devonport from its present convenient site to the Mersey Hospital Outpatients' Department. It is quite obvious that the object is to increase the appearance of occupation of this building—quite a natural reaction for people who find themselves saddled with the administration of something almost completely unoccupied because it is at least 25 years ahead of its time.

In these circumstances there is a very real danger of losing sight of the proper function of a school dental clinic, which is to provide treatment for school children with as little interrup-



tion as possible to their actual education. The clinic in Devonport serves two groups of children: those attending schools in the town and East Devonport, and those who come in from country schools over a radius of about 20 miles. In its present situation the clinic is very convenient for the first group, being in the centre of a circle of about a quarter of a mile radius, on the circumference of which lie the main Devonport schools, and quite close to the point at which the ferry delivers passengers from East Devonport. It is also very convenient for country children because most buses from the country have their terminus near the main shopping centre of the town, which is adjacent to the clinic. By contrast, the Mersey Outpatients' Department is situated on the periphery of the town, and therefore is not convenient for children attending most Devonport schools, very inconvenient for East Devonport, and remote from the route of most buses from the country. Transport to the hospital from the town is not good.

At the end of the year to which this report refers, the matter was still not decided; but I have since been informed that the clinic is to be moved. Accordingly I have inspected the accommodation provided for a dental clinic at the Outpatients' Department. It suffers from numerous defects, among which are the small size of the dental surgeries, giving inadequate space for modern equipment; the fact that the dentist, if he wishes to go from his surgery to his office, has to pass through two doors from the surgery to the waiting room, and the waiting room to the office; the design of the recovery room, in which it will be very difficult to place a bed without blocking access to the room; the situation of the recovery room, inasmuch as all access to it is directly or indirectly through the waiting room; and the design of the waiting room, into which six doors open, thus rendering it almost impossible to provide seating for more than two patients in situations in which they do not either impede access to a doorway or run the risk of being hit by a door, suddenly opened.

The Senior Dental Officer has also inspected the building, and has made a series of recommendations for very considerable structural alterations which are necessary to fit it for use. Furthermore, the proposal to transfer the clinic ignores the convenience, and the real interests, of the people who should come first, the patients. Thereby there is a risk that, on account of the extra inconvenience, some children, who at present have good mouths because they can have regular dental attention, may not present themselves regularly in future. In view of all these facts, I have recommended that, if it should be necessary to vacate the present premises, a small building of a type similar to that which has been so successful at Ulverstone, should be erected in a convenient situation in Devonport. I still await a decision on this recommendation.

#### NUTRITION ADVISORY SERVICE

An adolescent dietary survey was initiated this year in New South Wales by the N.S.W Nutrition Committee. Our Nutrition Officer co-operated with her colleagues by extending the project to Tasmania, with the assistance of 18 home science teachers-in-training, who carried out most of the interviewing. The final results are not yet to hand; but when available, they should show what difference, if any, there is between the dietary

habits of people of this age group in two Australian States. This type of information is necessary for the planning of any effective nutrition education.

The Tasmanian Council of State School Mothers' Clubs consulted the Nutrition Officer about pros and cons of milk for secondary school children. As a result of this interest, hundreds of high school and secondary school pupils, up to the age of 13 years, are now receiving the daily  $\frac{1}{8}$  pint of school milk for which they are eligible, but which they had not received in the past.

Mothers' Clubs in primary schools in several parts of Tasmania have shown great interest in school tuck shops, with the result that some of these are now stocking food more wholesome and less prone to cause dental decay than the sweets which, unfortunately, form so much of the stock-in-trade of the average tuck shop. This work was assisted by television interviews including discussion of wholesome foods for tuck shops and the efficient preparation of school lunches.

Data is being collected on "over-weight" boys and girls, in order to assess whether there is a problem of adiposity among children here, as there undoubtedly is in U.S.A., and possibly in Britain.

The five-year survey of Vitamin C intake in young children is now in its second year, and already has revealed that some mothers use more than three times the recommended allowance, while others, unfortunately, are under the mistaken impression that cordials are a source of this vitamin.

#### ENVIRONMENTAL SANITATION AND FOOD CONTROL

The work of the Health Inspectorate continued to be hampered owing to the lack of proper office accommodation until the end of May 1962, when the Public Health Division moved from Davey Street to 59 Collins Street. The provision of extra space will now enable an appointment to be made to the position formerly occupied by Senior Inspector Wolnizer who retired in 1960.

In May 1962 a five-day conference and study course for municipal health inspectors was held, in furtherance of our policy of disseminating knowledge of recent developments, and achieving a higher standard of work among local authorities. This was attended by a number of experienced health inspectors from other parts of Australia, who made a valuable contribution both to the discussions and by assisting in the formation of a Tasmanian Division of the Australian Institute of Health Surveyors. The achievement of this organization to further the knowledge of health inspection throughout the State is a great step forward.

Problems associated with drainage, and the disposal of sullage and sewage, as in previous years, have occupied a great deal of time. These problems became especially acute in Launceston and the adjoining municipalities, an area which, unfortunately, includes a great deal of land which is about as unsuitable for the wholesale installation of septic tanks as anything in Australia. In pursuance of the policy described in my last Annual Report, it became necessary to refuse septic tanks in a number of large subdivisions. This resulted in a long and bitter attack on the Director and his staff, in the Press, by persons



interested more in the development of fairly closely settled housing areas than in the effective sanitation thereof. Included in this number were, unfortunately, some municipal councillors, naturally eager to push on the development of their own areas, who behaved as if they believed that I could, by some miracle, make septic tanks work satisfactorily in the most unabsorptive soil. In this particular matter I am most grateful to the Honourable the Minister, who presided at a conference in Launceston during May, at which there was an opportunity for me and my officers to explain the reasons for our policy. As a result, at a subsequent conference (29th June) the municipal representatives expressed their full understanding of the fact that we have a job to do; and they agreed to confer and submit some plan for the overall sewerage of the area, perhaps in stages.

One of the interesting aspects of this conference was the expression of opposition to pan closets. It is quite understandable that there should be some hostility to the pan closet, while clearance services are operated in what is, unfortunately, the usual manner. But, as all the major air-lines of the world have demonstrated and are demonstrating there is no reason why a pan service, of a very high standard, and without offence to anyone, should not be conducted by people willing to make the effort.

Difficulties similar to those around Launceston but perhaps on a smaller scale, have been met in other areas. As I have pointed out in previous Reports, septic tanks are not a satisfactory alternative to a proper sewerage reticulation and disposal scheme, in developing areas on the outskirts of town. If the wholesale installation of septic tanks is permitted in such places, conditions ultimately will contain all the elements of a potential health disaster. The real place of the septic tank is out in the country, where ample land is available for absorption of all household drainage.

Sewerage is not a financial bogey if it is associated with proper town planning and zoning. The Westbury Council appears to have recognised this fact, and is controlling the development of subdivisions in an orderly way.

One thousand three hundred and twenty-two applications for septic tanks were received during the year, which is a decrease of 31 on the figure for 1960-61. Of the applications received, 45 were rejected. This figure refers to actual applications, and does not include the many subdivisions declared to be unsuitable for septic tanks as a result of survey by our inspectors.

Plans and specifications for halls, public buildings, churches, grandstands, hotels, and motels are examined by the Public Health Division. This work, which is exacting, increases in magnitude each year. As a result of the examination, councils, architects, builders, and other people concerned, are advised, if necessary, on how to alter the buildings planned to conform with various Acts and Regulations.

One disturbing feature arises as a result of this work. An elementary precaution to be observed in all buildings in which a crowd of people may assemble is that not only should adequate exits be provided, but that any doors in these exits should open outwards. It is possible to ensure this precaution in any build-

ing which comes within the ambit of the Public Health Act, or the Places of Public Entertainment Act, which are administered in this Division; but Parliament, in its wisdom, has removed the control of licensed premises from these Acts, and has placed them within the administration of the Licensing Court—no doubt for reasons which seemed adequate at the time. In recent years an increasing number of hotels have provided not only dancing floors, but also a considerable measure of public entertainment. It is most noticeable in a number of these premises, including some in the Hobart area which were displayed to a party of visitors by the Licensing Court on 19th July 1962, that not only are the exits not adequate and not adequately marked, but in a number of cases the doors are hung so as to open inwards. I have, of course, no control over these premises under existing legislation, and can only advise the Court of these potential hazards. The Court may or may not accept this advice; it is obvious that, in some cases at any rate, it has not. I mention the matter here in order to point out that an undesirable situation has arisen. Two differing standards are being applied to rooms used for the same purpose; one if the premises come within the ambit of the Public Health Act or the Places of Public Entertainment Act; the other, less stringent, if they are under the administration of the Licensing Court.

The disposal of garbage by local authorities continues to provide a problem in many areas. It is satisfactory to report that the controlled tipping areas in Hobart, Clarence and Glenorchy have continued to operate satisfactorily; that Kingborough has made some progress towards adopting the same system; and that Launceston and Devonport are planning to that end.

Sewage disposal is also a problem. The practice of discharging raw sewage into the sea, or a tidal river, produces undesirable conditions, particularly where the outfall is near a bathing beach. The growth of coastal towns, with consequent increase in the volume of sewage discharged, results in beaches, which were previously considered safe, now showing signs of continual pollution. The Wynyard Council has almost completed the construction of a modern treatment works, and is to be congratulated on having the only such plant on the Tasmanian shore of Bass Strait. When this plant goes into operation, it will be possible for us to lift the ban on bathing in the Inglis River and from the East Wynyard beach. Conditions in some of the other towns along the North-West Coast are far from satisfactory, and a survey is now being carried out to see whether it will be necessary to curtail bathing in some areas during the coming summer.

The policing of food and drug legislation is also supervised by the staff of the health inspectorate, though much of the detailed work is (in theory at any rate) carried out by local authorities. Officers maintained supervision of the standard of food products during the year.

To overcome the problem of protecting food-stuffs from contamination, new regulations were gazetted during the year, the main emphasis being on prevention of contamination by the customers in butchers' shops and other places where unwrapped food is displayed and sold.

Draft regulations, based on those which apply to food premises in general, were prepared for the peculiar circumstances of the scallop industry.



Unfortunately no progress has been made with the introduction of legislation for proper meat inspection. As I pointed out two years ago, Tasmania is the only Australian State which lacks legislation to provide for meat inspection districts.

The position with regard to health inspectors of local authorities is not satisfactory, largely because almost every municipality seems to prefer to employ one man on a wide variety of duties, of which health inspection is a minor (and in the eyes of some councillors, unimportant) part, rather than co-operating with adjacent municipalities to employ a qualified or experienced inspector. In these circumstances the vacancies cannot be expected to attract good men. During the year I have refused approval for the appointment of an unqualified applicant at Cygnet; the Council wishes to appoint him as health inspector because he has some knowledge of road construction and repair, despite the fact that a candidate with some training in health inspection was available. In pleasant contrast to this attitude is that of the municipalities of Kingborough and Wynyard, which are appointing fully qualified health inspectors from overseas.

### INFECTIOUS DISEASES

There has been a considerable increase in the number of cases of venereal disease reported, from 166 males and 20 females last year to 229 males and 45 females. Once again the vast majority of these cases are in the age groups 15-19 and 20-24. It is tempting to speculate on the cause of this increase; in some quarters it is considered to be evidence of an increase in promiscuity among these age groups; there is, of course, no way of checking the accuracy of this hypothesis, but, if it be true, the remedy will lie in a long, sustained, campaign of education, in the planning of which both educationists and trained social workers will have to play a leading part. The Health Services Department is certainly not equipped for such a role, and is unlikely to be so equipped until there is general public recognition of the fact that it is better to provide an organization to keep people well than to build hospitals to house them when one has failed to keep them well.

In previous years practically all cases reported were male, and it was obvious that the medical profession was not making any great effort to trace the source of infection of these. The increase in reporting of female cases this year is a step in the right direction; and it has been obvious that some, at least, of this has been due to the co-operation of the College of General Practitioners.

There has also been a considerable upsurge in the notifications of infectious hepatitis, as in other States of Australia. In Tasmania this began in February 1961, and has been consistent, each month, since then. Three hundred and twenty-three of the cases reported have been in Launceston and the municipalities near to that city, out of a total of 488 for the whole State.

It now seems fairly certain that this disease is due to infection with a virus; and it is possible that the virus may have been isolated in the last year or so. Unfortunately this does not mean that any great progress has been made in the control of the disease. It is likely that the incubation period may be as much as 40 days; and

the length of this period makes the task of tracing the route of transmission very difficult. The picture is even more complicated by the fact that apparently many cases occur of infection with the virus that do not display the characteristic jaundice that gave the disease its original name. Until more is known about the disease, it is difficult to suggest any control measure other than good personal hygiene, and the administration of gamma globulin to close household contacts. This routine has been followed in several outbreaks in Tasmanian schools during the year; it appears to have controlled these outbreaks.

There is little else to comment on in the statistics of infectious disease; but I think that I should mention the subject of hydatids, which has had a good deal of publicity recently. There is some evidence that the official notifications do not reveal the full incidence of the disease. Be that as it may, it is preventable, and it should be prevented. Iceland and New Zealand have shown that its occurrence can be immensely reduced by proper control, and proper feeding, of dogs. This, like so many other public health measures, calls for education plus a small measure of compulsion. A plan for a campaign to eradicate hydatids, based on the principles adopted in New Zealand, was recommended to Cabinet by the Chief Veterinary Officer last year, but unfortunately has not yet been adopted.

I must also mention the unprotected state of the community against smallpox. There is evidence that only a very small minority has been recently vaccinated. In effect, the vast majority is trusting, consciously or unconsciously, that the quarantine system of the Federal Health Department will protect them. This was very effective when the only means of travel between Australia and Asia was by sea. Air travel has changed the picture completely; and it is too much to expect that the Quarantine Service will be able, indefinitely, to maintain our freedom from smallpox. We need a much higher rate of vaccination while we are still free from the disease. Opponents of vaccination are apt to quote, in support of their theory, a number of eminent British authorities who proclaimed, this year, that mass vaccination did not control the 1961 outbreak of smallpox in Bradford. I entirely agree. Mass vaccination will never control an outbreak if the vaccination is done at the time when that outbreak is upon us; but, if done beforehand, to ensure a high level of vaccination in the community, it is effective. There could be little time left; it may be later than we think.

### STAFF, ORGANIZATION, AND ADMINISTRATION

When I took up my appointment as Director of Public Health, nearly 11 years ago, one of the outstanding weaknesses of the organization was the fact that all public health matters requiring decision had to be referred to the Director, who normally, has his office in Hobart. There was an obvious need for decentralisation of administration, with medical officers trained in public health, in the North and the North-West, to give quick, on-the-spot, decisions on local matters. Such an arrangement is all the more necessary because the medical officer of health of every local authority in the State, except Clarence, completely lacks post-graduate training in public health. In other words, the local authorities



depend on the advice of medical practitioners who may have had 20 or 30 hours of lectures in public health, in a university course lasting for six years. In such circumstances it is obviously important that the Department should have medical officers, with post-graduate public health training, available to give advice at short notice. Early in my career I made plans for the decentralisation of administration, but for some reason which he has never explained and may be incapable of explaining, these incurred the hostility of the then Minister, Dr. Turnbull. It is difficult to understand, except on some emotional basis, why such an obviously reasonable plan should meet with implacable and unreasoning opposition. I achieved a measure of success with the appointment of Dr. J. B. Mackie to the North-West in 1955. This position was, most inadvisably, abolished during my absence in 1957. Although I ultimately succeeded in having Dr. Mackie re-appointed in 1959, it was not until November, 1961 that the appointment of Dr. K. M. Williams to Launceston completed the organization.

As there is obviously still some confusion about this organization, it seems desirable to give a brief account of it here. There are now three medical officers (one each in Hobart, Launceston and Burnie) who can act as deputies for the Director. If any one of the four is away, administration is carried on by the other three. These medical officers are described in the Public Service List and in the Award of the Public Service Tribunal as Specialist Medical Officers; but a title which more adequately explains their function would be Public Health Medical Officer.

An outstanding defect in our present organization is the complete absence of facilities for public health laboratory work. At present it is quite impossible to make bacteriological investigations of food, water, &c.; and therefore we are unable to make routine checks of the safety of these substances. The Commonwealth Health Department does everything in its power to help us at its laboratories in Hobart and Launceston; but owing to other demands, it is unable to do more than emergency work for us. For example, recently I asked Dr. Mackie to take samples of three town water supplies, for routine bacteriological check; but the Commonwealth laboratory in Launceston could not examine these for eight weeks. There is urgent need for a State laboratory to handle work of this type.

During the year several members of the staff paid visits to other public health departments, or attended conferences on matters arising from their work. It is most valuable for members of the staff to meet, and have discussions with, people working in the same field. Miss Howeler, the Nutrition Officer, was invited to contribute a paper to the International Dietetic Conference in London. She attended this at her own expense. We are most fortunate to have an officer whose work is of a standard that attracts international attention, and who is willing to make a considerable financial sacrifice in such a cause. Miss

Brabin, of the School Health Service, and Miss Holland, of the Child Health Service, attended the course in Public Health Nursing, organised by the College of Nursing in Melbourne. Mr. D'Alton, the Chief Health Inspector, took part in the annual conference of health inspectors in Queensland. Two members of the Health Inspectorate attended a seminar on Frozen Foods, arranged by the University of New South Wales. And I had the good fortune to be invited to visit New Zealand as the guest of the Karitane Products Society, thereby gaining much useful information about public health services in that Dominion. In many respects the public health problems of New Zealand are more closely related to our own than are those of some of the mainland States; and it would help us if we had more contact with the Dominion.

It is pleasant to be able to report that, in May 1962, the Division moved to offices at 59 Collins Street which, though not perfect, at least allow adequate space for officers who had been carrying on their work under conditions of great difficulty for far too long.

In former years it was the custom to print, as appendices to this report, an account of their work written by each of the leaders of the various sections of the Division. Among other things this enabled the reader of the Report to know who is responsible for what. In view of the change in the form of the Report in the last two years, and in accordance with normal practice in many Public Health Departments overseas, I append below a list of senior officers of the Division:—

*Public Health Medical Officers:*

J. B. Mackie, M.B., Ch.B., D.P.H., D.T.M. & H.

A. D. Ross, M.B., Ch.B., D.P.H., D.T.M. & H.

K. M. Williams, M.R.C.S., L.R.C.P., D.P.H., D.I.H.

*School Medical Officers (whole time):*

H. B. Gibson, M.B., B.S.

G. Williams, M.B., B.S., M.R.C.S., L.R.C.P., D.R.C.O.G.

J. Farrar, M.B., Ch.B., D.O.

*Supervisory Sister, Child Health Service:*

Miss E. O. Foster.

*Chief Health Inspector:*

H. T. D'Alton, M.R.S.H., A.M.I.H.S.

*Nutrition Officer:*

Miss J. F. Howeler, M.Sc.

*Acting Senior Dental Officer:*

D. Macdonald, L.D.S.

To each of these, and to the staff working under their direction, I am most grateful for their contribution to the work of the Division during the year.

H. M. L. MURRAY, L.R.C.P., L.R.C.S.,  
L.R.F.P.S., D.P.H., F.A.I.M.  
Director of Public Health.



TABLE 12.

RETURN Showing Notifications of Notifiable Infectious Diseases, according to Municipalities During the Year 1961-1962.

Municipality	Meningitis	Scarlet Fever	Hydatids	Diphtheria	Infantile Diarrhoea	Hepatitis	Rubella	Bacillary Dysentry	Puerperal Fever	Glandular Fever	Tuberculosis	Acute Rheumatism	Typhoid—Para-typhoid Fevers	Others	Totals
Beaconsfield ..	1	..	1	..	..	14	..	1	..	..	4	..	..	..	21
Bothwell ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Brighton ..	..	..	1	..	..	5	..	..	..	..	..	..	..	..	6
Bruny Island ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Burnie ..	..	2	..	..	..	19	..	..	..	1	11	..	..	..	33
Campbell Town ..	..	..	..	..	..	5	..	..	..	1	..	..	..	..	6
Circular Head ..	..	3	..	..	..	19	..	..	..	9	2	1	..	..	34
Clarence ..	2	2	1	..	3	7	7	..	..	..	5	..	..	..	27
Deloraine ..	..	..	..	..	..	19	1	..	..	..	1	..	..	..	21
Devonport ..	..	..	..	..	..	6	..	..	..	..	2	..	1	..	9
Esperance ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Evandale ..	..	..	..	..	..	4	..	..	..	..	1	..	..	..	5
Fingal ..	..	..	..	..	..	15	1	..	..	..	3	..	..	..	19
Flinders Island ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
George Town ..	..	..	1	1	..	58	..	..	..	..	2	..	..	..	62
Glamorgan ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Glenorchy ..	2	2	1	..	1	19	..	..	..	4	11	..	..	..	40
Gormanston ..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	2
Green Ponds ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Hamilton ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	2
Hobart ..	4	1	2	..	1	12	..	..	..	9	23	..	..	..	52
Huon ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Kentish ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kingborough ..	..	2	..	..	..	13	..	..	..	..	2	..	..	..	17
King Island ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Latrobe ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
*Launceston ..	1	2	1	..	5	108	..	2	..	3	10	6	..	2	140
Lilydale ..	..	1	..	..	1	62	..	1	..	..	4	1	..	..	70
Longford ..	..	2	..	..	..	20	..	..	..	..	4	1	..	..	27
New Norfolk..	..	..	1	..	..	2	..	..	..	..	6	..	..	..	9
Oatlands ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Penguin ..	..	..	1	..	..	10	..	..	..	..	2	..	..	..	13
Port Cygnet ..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	2
Portland ..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	2
Queenstown ..	1	..	..	..	..	..	..	..	..	..	3	..	..	..	4
Richmond ..	..	..	..	..	..	4	..	..	..	..	1	..	..	..	5
Ringarooma ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Ross ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scottsdale ..	..	..	2	..	..	4	..	..	..	..	1	..	..	..	7
Sorell ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Spring Bay ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Leonards ..	..	..	1	..	..	18	..	..	..	2	1	..	..	..	22
Strahan ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tasman ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
†Ulverstone ..	..	..	..	..	..	5	..	..	..	1	3	..	..	1	10
Waratah ..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	2
Westbury ..	..	3	..	..	..	20	1	1	1	..	..	1	..	..	27
Wynyard ..	1	1	1	..	..	15	..	..	..	..	5	..	..	..	23
Zeehan ..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	4
TOTALS ..	13	21	18	1	11	488	11	6	1	31	116	10	1	3	731

\*1 Malaria; 1 Filariasis.

†1 Malaria.

TABLE 13.

RETURN Showing Monthly Notifications of Notifiable Infectious Diseases During the Year 1961-62.

Month	Meningitis	Scarlet Fever	Hydatids	Diphtheria	Infantile Diarrhoea	Hepatitis	Rubella	Bacillary Dysentry	Puerperal Fever	Glandular Fever	Tuberculosis	Acute Rheumatism	Typhoid—Para-typhoid Fevers	Others	Totals
July ..	..	4	..	..	1	18	..	..	..	2	12	2	..	..	39
August ..	1	3	2	..	5	20	..	1	..	7	10	..	..	..	49
*September ..	2	..	2	..	3	44	1	2	..	2	9	..	..	1	66
October ..	2	2	3	..	..	34	2	1	..	..	6	1	..	..	51
November ..	1	2	..	..	..	39	2	..	..	5	14	..	..	..	63
December ..	3	..	1	..	..	29	1	..	..	1	8	1	..	..	44
†January ..	1	1	1	..	..	38	..	1	..	2	15	2	..	1	62
February ..	1	1	..	..	..	21	4	..	..	..	9	1	..	..	37
March ..	..	2	2	..	1	47	..	..	..	1	11	..	..	..	64
April ..	..	2	1	1	1	63	..	1	..	2	8	2	..	..	81
May ..	..	3	2	..	..	59	1	..	..	5	7	1	..	..	78
*June ..	2	1	4	..	..	76	..	..	1	4	7	..	1	1	97
Totals ..	13	21	18	1	11	488	11	6	1	31	116	10	1	3	731

\*Malaria, 1.

†Filariasis, 1.



TABLE 14.

RETURN Showing Age and Sex Distribution of Cases of Venereal Diseases Notified During the Year 1961-62.

Disease	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and over	Age Not stated	Total	Grand Total
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	
Gonorrhoea	.. ..	.. ..	1 ..	.. 1	62 22	83 10	35 4	16 1	6 1	8 1	7 ..	2 ..	.. ..	1 ..	1 ..	1 ..	223 40	263
Opthalmia Neonatorum	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	1
Primary Syphilis	.. ..	.. ..	.. ..	.. ..	.. 2	2 ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	4 2	6
Secondary Syphilis	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	..
Tertiary Syphilis	.. ..	.. ..	.. ..	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	.. ..	1 ..	1 ..	.. ..	2 2	4
Totals	.. 1	.. ..	1 ..	.. 1	62 25	85 10	36 4	16 1	6 1	8 1	7 ..	2 1	.. ..	2 ..	3 ..	1 ..	229 45	274

Report of the Division of Tuberculosis for the  
Year Ended 30th June, 1962

From the 1st July, 1961, till the 30th June, 1962, the number of new cases arising in the State, and reported to the Division was 118, compared with 117 for the previous year.

These cases were classified as follow:—

Pulmonary Tuberculosis	95
Primary Pulmonary Tuberculosis	2
Pleurisy with Effusion	5
Tuberculosis Meningitis	1
Other Non-Pulmonary Tuberculosis	15
TOTAL	118

Comparative figures for the percentages of pulmonary and non-pulmonary cases for the past five years is given in Table 15 below.

TABLE 15

Year Ended.	Pulmonary	% of Total.	Non-Pulmonary.	% of Total.	Total Cases.
30.6.58	139	83.2	28	16.8	167
30.6.59	137	85.6	23	14.4	160
30.6.60	108	84.4	20	15.6	128
30.6.61	100	85.5	17	14.5	117
30.6.62	102	86.4	16	13.6	118

Age Groups of Notified Cases

The age group and its percentage of the total number of cases is shown in Table 16 below, and Table 17 shows the age, stage and sex of the notified cases.

TABLE 16

Age Group	No. of Cases	% of Total
0 to 4 years	3	2.5
5 to 9 years	2	1.7
10 to 14 years	3	2.5
15 to 19 years	6	5.1
20 to 24 years	10	8.4
25 to 29 years	11	9.3
30 to 34 years	15	12.7
35 to 39 years	11	9.3
40 to 44 years	12	10.1
45 to 49 years	14	11.8
50 to 54 years	6	5.1
55 to 59 years	4	3.5
60 to 64 years	5	4.3
65 to 70 years	6	5.1
70 to 74 years	5	4.3
75 years and over	5	4.3
	118	



TABLE 17.

Age Group	MALES					FEMALES					TOTALS				
	Min.	Mod. Adv.	Adv.	Non-Pul.	Total	Min.	Mod. Adv.	Adv.	Non-Pul.	Total	Min.	Mod. Adv.	Adv.	Non-Pul.	Total
0 to 4 Years	2	..	..	..	2	1	..	..	..	1	3	..	..	..	3
5 to 9 Years	..	..	..	1	1	..	..	..	1	1	..	..	..	2	2
10 to 14 years..	..	1	..	..	1	2	..	..	..	2	2	1	..	..	3
15 to 19 years..	1	1	..	2	4	1	1	..	..	2	2	2	..	2	6
20 to 24 years..	5	2	..	..	7	..	3	..	..	3	5	5	..	..	10
25 to 29 years..	5	2	..	..	7	..	3	..	1	4	5	5	..	1	11
30 to 34 years..	5	3	..	..	8	3	2	1	1	7	8	5	1	1	15
35 to 39 years..	2	2	..	..	4	..	4	..	3	7	2	6	..	3	11
40 to 44 years..	3	3	..	1	7	1	3	..	1	5	4	6	..	2	12
45 to 49 years..	3	4	1	1	9	4	..	..	1	5	7	4	1	2	14
50 to 54 years..	..	2	..	1	3	1	2	..	..	3	1	4	..	1	6
55 to 59 years..	..	1	..	..	1	1	1	..	1	3	1	2	..	1	4
60 to 64 years..	..	4	..	..	4	..	1	..	..	1	..	5	..	..	5
65 to 69 years..	..	3	1	..	4	1	1	..	..	2	1	4	1	..	6
70 to 74 years..	1	2	..	..	3	1	..	1	..	2	2	2	1	..	5
75 years & over	1	..	..	1	2	..	2	1	..	3	1	2	1	1	5
Totals ..	28	30	2	7	67	16	23	3	9	51	44	53	5	16	118

Stage of Disease at Time of Notification

Of the 102 cases in which the lungs were involved, 43% were considered to be minimal, 52% were regarded as moderately advanced, and the other 5% were quoted as advanced.

Figures for the past five years are given in Table 18 below.

TABLE 18

Year	Minimal	Moderately Advanced	Advanced	Total Cases
30.6.58 ....	61=43.9%	68=48.9%	10= 7.2%	139
30.6.59 ....	60=43.8%	61=44.5%	16=11.7%	137
30.6.60 ....	44=40.8%	52=48.1%	12=11.1%	108
30.6.61 ....	42=42%	45=45%	13=13%	100
30.6.62 ....	44=43%	53=52%	7= 5%	102

Sex of Cases Notified

The percentage of male notifications for the past five years is as follows:—

Year 30.6.58 .....	64.7%
Year 30.6.59 .....	60%
Year 30.6.60 .....	56.2%
Year 30.6.61 .....	53.8%
Year 30.6.62 .....	56.7%

Sources of Notification

The Routine X-ray Surveys again this year were the predominant method of detecting cases, 57 of the 102 pulmonary cases being found in this way.

The following table shows the source of notification of the cases reported during the year:—

TABLE 19

	Pulmonary Cases	Non-Pulmonary Cases	Total Cases
Death Certificate ....	1	1	2
Private Physicians ....	5	3	8
Chest Clinics ....	14	1	15
Public Hospitals ....	20	10	30
Repatriation Hospital ....	5	..	5
Mass X-ray Surveys ....	57	1	58
	102	16	118

Table 21 shows the notifications received from each Municipality in the State for the year ended 30th June, 1962.

Supervision of Pulmonary Cases

Hospitalisation was considered necessary in 99 cases, and these were admitted to the Tasmanian Chest Hospital, Northern Chest Hospital, Repatriation Hospital, Hobart, and public hospitals in accordance with the following table:—

TABLE 20

	Pulmonary Cases	Non-Pulmonary Cases	Total Cases
Tasmanian Chest Hospital	38	2	40
Northern Chest Hospital ....	44	1	45
Repatriation Hospital .. ....	7	..	7
Public Hospitals .... .. .	1*	6	7
Cases Hospitalised .. .. .			99

\* Primary Case

Migrants

The number of migrants notified as suffering from tuberculosis to the Division in the year just ended totalled ten cases. The country of origin of these ten cases is as follows:—

United Kingdom .....	4
Hungary .....	1
Lithuania .....	1
Germany .....	1
New Zealand .....	1
Finland .....	1
Austria .....	1

Tuberculosis Allowances

The number of persons receiving the Tuberculosis Allowance as at the 30th June, 1962, was 75, an overall decrease of 39 during the financial year.

Allowances current at commencement of financial year .....	114
Add new allowances .....	88
Add transfers from other States .....	5
	207
Less cancellations .....	132
Current allowances .....	75



TABLE 21.  
1961-62.

Municipality	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	Total
Beaconsfield .. .. .	1	..	..	..	..	1	..	1	1	..	..	..	4
Bothwell .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Brighton .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Bruny .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Burnie .. .. .	1	..	1	..	..	1	1	..	2	1	1	1	9
Campbell Town .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Circular Head .. .. .	..	..	..	..	1	..	1	..	..	..	..	..	2
Clarence .. .. .	..	1	1	..	..	1	1	1	..	..	..	..	5
Deloraine .. .. .	..	..	..	..	..	..	1	..	..	..	..	..	1
Devonport .. .. .	1	..	..	..	..	..	1	..	..	..	..	1	3
Esperance .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Evandale .. .. .	..	..	..	..	..	..	1	..	..	..	..	1	2
Fingal .. .. .	..	..	..	..	1	..	..	..	..	..	..	2	3
Flinders .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
George Town .. .. .	1	1	..	..	..	..	..	..	..	..	..	1	3
Glamorgan .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Glenorchy .. .. .	..	1	2	1	5	..	..	..	1	..	1	..	11
Gormanston .. .. .	..	..	..	..	..	..	..	..	1	..	..	..	1
Green Ponds .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Hamilton .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Hobart .. .. .	3	..	3	2	2	2	2	1	1	2	3	..	21
Huon .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Kentish .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Kingborough .. .. .	1	..	..	1	..	..	..	..	..	..	..	..	2
King Island .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Latrobe .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Launceston .. .. .	..	..	5	1	..	2	..	2	1	1	..	..	12
Lilydale .. .. .	1	..	..	..	1	..	..	1	..	1	..	..	4
Longford .. .. .	..	..	1	..	2	..	..	..	1	..	..	..	4
New Norfolk .. .. .	1	..	..	..	1	..	2	..	1	1	..	..	6
Oatlands .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Penguin .. .. .	..	1	..	..	..	..	..	..	1	..	..	..	2
Port Cygnet .. .. .	..	..	..	..	..	..	..	..	..	..	..	2	2
Portland .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Queenstown .. .. .	..	..	1	..	..	..	..	..	..	..	1	1	3
Richmond .. .. .	..	1	..	..	..	..	..	..	..	..	..	..	1
Ringarooma .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Ross .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Scottsdale .. .. .	..	1	..	..	..	..	..	..	..	..	..	..	1
Sorell .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Spring Bay .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Leonards .. .. .	..	..	1	..	..	..	..	..	..	..	..	..	1
Strahan .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Table Cape (Wynyard) ..	1	2	..	1	..	..	..	1	..	..	..	..	5
Tasman .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Ulverstone (Leven) .. ..	..	1	1	..	..	..	1	..	..	1	..	..	4
Waratah .. .. .	..	..	..	..	..	..	..	..	..	..	..	1	1
Westbury .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Zeehan .. .. .	..	..	..	..	..	..	3	..	1	..	..	..	4
Totals .. .. .	11	9	16	6	13	7	14	7	11	7	6	10	117*
Pulmonary .. .. .	10	8	14	4	12	7	9	7	10	6	6	8	101
Non-Pulmonary .. .. .	1	1	2	2	1	..	5	..	1	1	..	2	16

\*The remaining notified case was that of a seaman from the “Oriana” off loaded at Hobart and who died two days later through Delirium Tremens.

Deaths Among Notified Cases of Tuberculosis

During the year there were 39 names removed from the State Tuberculosis Register on account of death. In nine cases only was tuberculosis the cause of death. This represents a death rate of 2.05 per 100,000.

Table 22 shows these nine deaths of tuberculosis in age groups.

TABLE 22		Male	Female	Total
Age Group				
0 to 44 years .....	....	....	....	....
45 to 49 years .....	1	....	....	1
50 to 54 years .....	1	1	....	2
55 to 59 years .....	2	....	....	2
60 to 64 years .....	....	....	....	....
65 to 69 years .....	....	....	....	....
70 to 74 years .....	1	1	....	2
75 years and over .....	1	1	....	2
	6	3		9

STATE TUBERCULOSIS REGISTER

	Pulmonary	Non-Pulmonary	Total
Registrations as at 30.6.61 .....	2,495	380	2,875
New Cases Notified .....	102	16	118
	2,597	396	2,993
Plus—			
Transfers from other States .....	13	....	13
Transfers from Repatriation Records adj.	3	21	24
Transfers from Non-Pulmonary Register	1	....	1
	2,614	417	3,031
Less—			
Deceased (all causes) .....	37	2	39
Transferred to other States .....	20	1	21
Transferred to Pulmonary Register .....	....	1	1
Totals as at 30.6.62 .....	2,557	413	2,970



ACTIVE REGISTER (PULMONARY CASES)

NOTE: The Active Register has been adjusted to conform with the recently adopted "Danish Index" as recommended to be Australia-wide by the National Tuberculosis Advisory Council. This has the effect of prolonging the period of activity longer than was previously accepted in Tasmania.

Total as at 30.6.61 .....	208
New notifications .....	102
	<u>310</u>
Transfer from Non-Pulmonary Register ....	1
Transfers from Inactive Register to conform with "Danish Index" .....	307
Transfers from other States .....	2
	<u>620</u>
Less—	
Deceased (all causes) .....	19
Transferred to other States .....	5
	<u>596</u>
Total 30.6.62 .....	

INACTIVE REGISTER (PULMONARY CASES)

Total as at 30.6.61 .....	2,287
Plus—	
Transfers from other States .....	10
Transfers from overseas .....	1
Transfers from Repatriation not previously advised .....	3
	<u>2,301</u>
Less—	
Transfers to Active Register under "Danish Index" .....	307
Deceased (all causes) .....	18
Transfers to other States .....	14
Transfers overseas .....	1
	<u>1,961</u>

REGISTER OF NON-PULMONARY CASES

Total as at 30.6.61 .....	380
New notifications .....	16
	<u>396</u>
Plus Transfers in Repatriation cases not previously advised to this Department .....	21
	<u>417</u>
Less—	
Deceased (all causes) .....	2
Transfers to other States .....	1
Transfer to Pulmonary Register .....	1
	<u>413</u>

CHEST CLINICS

Table 23 shows the work of the various Chest Clinics throughout the year.

TABLE 23

Examinations.	Hobart	Launceston	Devonport	Burnie
Notified cases commencing attendance .....	25	33	14	10
Cases referred from Mass Survey for investigation .....	110	33	35	24
Cases referred by private medical practitioners, Epidemiological Surveys, &c. ....	39	39	31	98
Contacts registered at Chest Clinic .....	221	232	48	109
	<u>395</u>	<u>337</u>	<u>128</u>	<u>241</u>
Total new cases registered .....				
Total Attendances .....	<u>8,938</u>	<u>5,719</u>	<u>1,641</u>	<u>1,621</u>

EPIDEMIOLOGICAL SURVEYS

Report on School Mantoux Test Surveys Year ended 30th June, 1962:—

Tested	Negative	Naturally Positive	By B.C.G.	Not Checked
3,618	3,494	61	25	38

MASS X-RAY

	Hobart	Launceston	Mobile	Total
Total number of miniature films .....	38,379	22,650	49,855	110,884
Total number of large films required .....	617	354	806	1,777
Total number of large films taken .....	849	336	750	1,935
(a) Normal .....	591	220	476	1,287
(b) Abnormal .....	258	116	274	648
(c) Referred for further investigation to—				
(i) Chest Clinic .....	69	22	70	161
(ii) Private practitioner .....	71	44	75	190
Diagnosis made—				
(a) Active tuberculosis—				
(i) Minimal .....	14	....	13	56
(ii) Moderately advanced .....	7	7	13	
(iii) Advanced .....	....	....	2	
(b) Inactive tuberculosis .....	39	17	24	80
(c) Still under observation .....	103	45	111	259



Other abnormalities discovered—				
Pneumonitis non-T.B. ....	4	....	4	8
Pneumothorax ....	....	....	1	1
Silicosis ....	....	....	2	2
Bronchiectasis ....	3	....	3	6
Bronchitis ....	4	4	5	13
Emphysema ....	3	2	9	14
Bronchial Carcinoma ....	....	....	....	....
Secondary Carcinoma ....	4	2	1	7
Sarcoidosis ....	1	1	1	3
Cystic Disease ....	....	2	....	2
Atelectasis ....	1	1	....	2
Hydatid ....	2	3	4	9
Diaphragmatic ....	6	1	6	13
Pleural thickening or adhesions ....	11	5	7	23
Thyroid ....	4	1	2	7
Fibrosis? Cause ....	8	2	5	15
Calcification? Cause ....	3	7	13	23

TABLE 24

STATEMENT SHOWING AGE GROUP OF PERSONS DIAGNOSED

INACTIVE TUBERCULOSIS		ACTIVE TUBERCULOSIS	
0 to 4 years ....	....	0 to 4 years ....	....
5 to 9 years ....	....	5 to 9 years ....	....
10 to 14 years ....	....	10 to 14 years ....	....
15 to 19 years ....	....	15 to 19 years ....	4
20 to 24 years ....	1	20 to 24 years ....	6
25 to 29 years ....	....	25 to 29 years ....	7
30 to 34 years ....	7	30 to 34 years ....	9
35 to 39 years ....	16	35 to 39 years ....	5
40 to 44 years ....	6	40 to 44 years ....	6
45 to 49 years ....	12	45 to 49 years ....	8
50 to 54 years ....	10	50 to 54 years ....	1
55 to 59 years ....	18	55 to 59 years ....	2
60 to 64 years ....	6	60 to 64 years ....	3
65 to 69 years ....	3	65 to 69 years ....	3
70 to 74 years ....	....	70 to 74 years ....	1
75 years and over ....	1	75 years and over ....	1
	80		56

TABLE 25

Statement showing the number of persons X-rayed each year on the Hobart, Mobile No. 1, Mobile No. 2, Launceston, Royal Hobart Hospital and Launceston General Hospital X-ray Units during the three years ended 30th June, 1962.

	Hobart Unit	Mobile No. 1 Unit	Mobile No. 2 Unit	Royal Hobart Hospital Unit	Launceston X-ray Unit	Launceston General Hospital Unit
1960 ....	38,999	46,757	1,709	5,690	24,092	....
1961 ....	36,621	42,806	3,135	4,051	24,408	....
1962 ....	35,797	46,670	3,185	2,582	22,218	440

JAMES TREMAYNE, M.B. (Syd.), M.R.A.C.P.,  
Director of Tuberculosis.



## Report of Director of Mental Health for Year Ended 30th June, 1962

During the past year some important advances have been made, but much remains to be done to provide an adequate psychiatric service to the people of Tasmania. These matters are recorded under various headings, as follows:—

### (1) ADMINISTRATION

Administrative difficulties have been experienced because the Lachlan Park Hospital comes partly under the Division of Mental Health and partly directly under the Departmental Headquarters. With new administrative officers both at the Lachlan Park Hospital and at Departmental Headquarters it is expected that these troubles will be ironed out in the near future.

The Division of Mental Health continues to administer the Mental Hospitals Act, Mental Deficiency Act, Sexual Offences Act and Inebriate Hospitals Act, and to provide the professional services which are necessary.

New legislation is currently being prepared to replace the first three of these Acts and will probably render the fourth unnecessary. It is expected that the new legislation will be enacted within a few months.

### (2) HOSPITALS AND INSTITUTIONS

#### (a) *Lachlan Park Hospital*

The Psychiatrist Superintendent's report and statistical tables are appended.

The new Nurses' Home has been completed and occupied, but no more new wards have been built to replace old wards which are fit only for demolition. Many more new wards are needed and some of them have been planned in detail. It is hoped that contracts for new wards will be let in the new financial year.

A major advance has been the recruitment of two additional psychiatrists for the hospital, which now has five psychiatrists (including the Psychiatrist Superintendent) and no medical officers, to care for over 800 patients. The Lachlan Park Hospital is now better off than ever before in medical staff, but the present medical staff is still grossly inadequate to provide proper medical care for the patients.

The number of admissions and discharges has trebled in recent years and the majority of patients enter hospital voluntarily.

Almost a third of all male admissions are alcoholics; a very significant increase. This is in large measure due to increased attention being given to the treatment of alcoholism in an effort to help solve this community problem. The presence of a number of alcoholics has inevitably given rise to some minor problems.

The appointment of a new administrative officer, to be designated "Assistant Superintendent, Non Medical" has been mentioned above.

#### (b) *Government institution for Defectives, New Norfolk*

A few high grade psychopathic defectives with strong criminal tendencies continue to be a source of trouble. Their escapades, escapes and criminal activities bring undesirable publicity to the whole of the Lachlan Park Hospital (of which this Institution forms a section). Several

of these lads have received Indeterminate Sentences and their orders under the Mental Deficiency Act have been terminated as it was thought that their disposal under the Indeterminate Sentences Act was more appropriate.

#### (c) *Government Institution for Defectives, "Nelumie", Launceston.*

This small hostel type rehabilitation centre for women continues to function smoothly and efficiently. There have been major repairs and renovations to the building.

#### (d) *"Karingal", St. John's Park, New Town*

Though not directly under the control of this Division, this new institution houses patients under the control of the Mental Deficiency Board. It is referred to in the report of the Mental Deficiency Board which is appended.

#### (e) *"Millbrook Rise", New Norfolk*

This neurosis hospital has suffered from serious shortages in nursing staff during the year and the number of patients treated has been limited because of this. The psychiatrist in charge of this hospital is by far the most senior psychiatrist in the Division and shoulders heavy psychiatric responsibilities. Nevertheless, her salary has been fixed at a lower level than that of more junior psychiatrists and all attempts to have this anomaly rectified have so far failed.

### (3) EXTRA-MURAL PROFESSIONAL SERVICES

#### (a) *Psychiatric*

The three psychiatrists stationed in the north of the island (two at Launceston and one at Burnie) have proved most valuable. They provide psychiatric services to a number of hospitals in the north, north-west, north-east and the midlands, as well as undertaking departmental work for the courts, the police, Social Welfare Department, &c.

The psychiatrist at Hobart is responsible for practically all the extra-mural clinical psychiatry in the the south, including reports to the police, the courts, and other government departments. He also undertakes a large amount of child psychiatry in the absence of any psychiatrist with special training in this field.

Five of the six psychiatric outpatient clinics at the Royal Hobart Hospital are staffed by divisional psychiatrists, and both in-patient psychiatrists are employed in the Division.

#### (b) *Social Work*

The Division has four social workers, three of whom have the psychiatric professional training. One is employed in Launceston. Their case loads are far too heavy and more are needed.

#### (c) *Psychologist*

The Divisional Headquarters employed three psychologists a few years ago but now has none. This is a very severe handicap especially in the assessment of children.

#### (d) *Child Psychiatric Clinic*

The first step in the formation of such a clinic was taken during the year when the position of Senior Psychologist was sacrificed to enable a position of Child Psychiatrist to be created on



the money allotted to the Division for salaries. Unfortunately, there have been no applicants who had the required training and experience in this field.

Tasmania remains the only State without any psychiatric clinic for children. This has been one of the main deficiencies for a number of years.

As mentioned above a certain amount of work with children is undertaken but, in spite of the fact that we do not advertise this, we have a long waiting list. The more urgent cases are seen as soon as possible and this means that less urgent cases may never be seen. This may well lead to unnecessary court appearances and to unnecessary invalidism in later life.

SUMMARY

In the past ten years seven new wards and a number of essential service blocks have been built at the Lachlan Park Hospital at great expense. But the mental hospital buildings were previously, by and large, probably in a worse condition than in any other State. We have had a lot of leeway to make up; we have made a lot of it up but still have a long way to go.

To the writer it seems pointless to spend large sums on hospital buildings unless one is prepared to provide skilled staff to treat the patients. Mental hospitals are now no longer custodial institutions but real hospitals which patients enter voluntarily for treatment and from which a very high proportion of admissions leave with their illness cured or alleviated.

The extra-mural psychiatric services also have a big part to play in maintaining the mental health of the community.

A recent survey of a mainland *general* hospital showed that about half of all attendances were for conditions which were primarily psychiatric. There is a real need for an improvement in the Tasmanian psychiatric services.

J. R. V. FOXTON, M.B., B.S.,  
Director of Mental Health.

REPORT OF PSYCHIATRIC SOCIAL WORK  
AND WELFARE SECTION

During the past financial year the staffing of this section has again presented problems, in that vacancies for psychiatric social workers at the Division of Mental Health, Hobart, and at Lachlan Park Hospital, New Norfolk, have not been filled. The position of psychiatric social worker with the Division in Launceston was filled in April this year by a social worker with some psychiatric knowledge. The staff now stands at three psychiatric social workers, one social worker and one welfare officer. With 11 psychiatrists referring cases it is obvious that the need for more adequate staffing is acute.

The service provided has followed a similar pattern to that of other years, with the senior psychiatric social worker spending one week at three-monthly intervals on the North-West Coast, and a week in Launceston and district in intervening months. Two days were spent in Queens-town and district.

In Hobart and district all three psychiatric social workers have provided a casework service for patients from Lachlan Park Hospital and Millbrook Rise and their relatives, and for patients (both adults and children) referred by private practitioners and Government Depart-ments. Routine statutory work with mental

defectives under the care of the Mental Deficiency Board and with their parents or guardians has been undertaken. One worker has visited Lachlan Park Hospital twice each week to inter-view patients and to conduct the patients' thera-peutic social club.

It is hoped that, with the appointment of a social worker to the Launceston office, work in that area and in the North-East will be intensi-fied and developed.

Psychiatric clinics at the Royal Hobart Hospi-tal and the Launceston General Hospital had the services of psychiatric social workers.

In his work with male mental defectives the welfare officer has consolidated his relationships with individual patients, both with those in institutions and those under guardianship or supervision in the community. Appropriate employment for those able to leave institutions has remained a problem for these marginal workers, and the task of building up a list of suitable job placements is necessarily a slow one. The welfare officer has maintained and developed his contact with institutional staff, discussing with them the problems of handling individual defec-tives and their social rehabilitation.

Psychiatric social workers have served as members of the Mental Deficiency Board and the Training and Selection Committee of the Marriage Guidance Council. One worker has regularly attended meetings of the Official Visitors at Lachlan Park Hospital, and all have been involved in the setting up of the Council of Social Service in Tasmania.

Twenty lectures and demonstrations have been undertaken with Mothercraft trainees, double certificated nurses undergoing training for their Child Welfare Certificate, Psychology III students at the University, and with third year trainee psychiatric nurses at Lachlan Park Hospital. These lectures centred round the "Emotional Development of Children", "Family Budget-ting", "The Emotional Needs of Mothers and Babies", "The Technique of the Interview" and "Psychiatric Social Work". Numerous talks have been given to community groups, and workers have acted as observers at role-playing sessions of Marriage Guidance trainees.

PHYLLIS J. LOCKLEY,  
Senior Psychiatric Social Worker.

STATISTICS

PSYCHIATRIC SOCIAL WORK AND WELFARE SECTION  
1st July, 1961 to 30th June, 1962.

Number of cases on which work undertaken ....	553
Number of homes visited .... ..	247
Number of patients visited in institutions ....	75
Number of home visits .... ..	482
Number of other visits in connection with cases	185
Number of office interviews with patients, rela-tives and others .... ..	803
Number of other interviews, casework contracts, &c., with patients, relatives and others ....	1,155
Number of cases on which contact was made with outside agencies, individuals, &c. .... ..	290
Number of cases on which one or more relatives interviewed .... ..	310
Number of visits, interviews conducted, &c., out-side base towns .... ..	545
Number of visits to Lachlan Park, Millbrook Rise and St. John's Park .... ..	117
Number of clinics attended at Royal Hobart Hospi-tal and Launceston General Hospital .... ..	98
Number of sessions conducted for Lachlan Park Patients' Club .... ..	89
Number of meetings (Official Visitors, Mental Deficiency Board, &c.) attended .... ..	24
Number of lectures to trainees .... ..	20



Work Specifically Relating to Mental Defectives  
(extracted from above figures)

Number of home visits .....	258
Number of other visits in connection with cases .....	81
Number of office interviews with patients, relatives and others .....	248
Number of other interviews, casework contacts, &c., with patients, relatives and others .....	372

REPORT OF THE MENTAL DEFICIENCY BOARD FOR THE YEAR ENDED 30TH JUNE, 1962.

There were 12 meetings of the Board during the year. Two meetings were held at each of the Government Institutions for Defectives at New Norfolk, "Karingal", St. John's Park and "Nelumie", Launceston. Other meetings were held in Hobart. The attendance of members at these meetings was:—

Dr. J. R. V. Foxton .....	10/11
Professor J. A. Cardno .....	8/12
Dr. A. W. Le Souef .....	9/12
Mr. J. H. Morgan .....	9/12
Miss P. J. Lockley .....	10/12

At the present time there are 329 defectives under the control of the Board. Of this number there are 239 in institutions for defectives and 90 in the community under either guardianship or supervision.

During the year there were 22 new certifications and the Board discharged seven defectives from its control. The orders for the detention of a further eight defectives lapsed as the Board was unable to ascertain their whereabouts at the time of the carrying out of the statutory examinations.

The Board had hoped in the ensuing year to commence the construction of a totally dependent ward and a maximum security ward for female mental defectives, these being part of the planning for a new mental defective colony at New Norfolk. Unfortunately, advice has now been received from the Commonwealth Government that no further capital assistance is to be made available to this State under the State Grant (Mental Institution) Act 1955. The present position in relation to the development of this colony is therefore obscure.

A new 32 bed institution, known as "Karingal", St. John's Park, has now been open for some time and provides a long felt need, having amongst its features single rooms, adequate recreation facilities and a gymnasium.

"Nelumie", Launceston continues to provide a very useful function as an institution from which mentally defective girls may eventually be rehabilitated in the community.

As in previous years, the Board is very appreciative of the services rendered by the Mother Prioress of the Convent of the Good Shepherd, Mt. St. Canice, Sandy Bay, and the Matron of the Salvation Army Home, Lansdowne Crescent in caring for some 30 girls.

The Board now has the services of three psychiatrists stationed outside of Hobart, who are attached to the Division of Mental Health and who have been appointed as officers of the Board to conduct statutory examinations under the Act and to provide psychiatric assistance where required. Two of these psychiatrists are stationed at Launceston and one at Burnie. Additionally, the Board has acquired the services of a social worker who is also attached to the Division of Mental Health in Launceston.

Statistical tables of the Board appear with statistics of the Division of Mental Health.

The implementation of Board policy and the administration of the Board's institutions is performed by officers of the Department of Health Services, Division of Mental Health.

J. R. V. FOXTON, Chairman,  
Mental Deficiency Board.

MENTAL DEFICIENCY BOARD.

Table showing the number of certified mental defectives under the control of the Board and how they are placed.

	Male	Female	Total
<i>Government Institution for Defectives—</i>			
New Norfolk .....	106	9	115
"Karingal" New Town .....	38	...	38
St. John's Park, New Town .....	...	30	30
"Nelumie", Launceston .....	...	10	10
<i>Other Institutions—</i>			
Convent of the Good Shepherd .....	...	28	28
Salvation Army Home .....	...	7	7
Lachlan Park Hospital .....	6	5	11
<i>In the Community—</i>			
Under guardianship or supervision .....	51	39	90
	201	130	329

Table showing new and discontinued orders:—

	Male	Female	Total
New placements .....	16	6	22
Orders terminated .....	4	3	7
Orders lapsed .....	3	5	8
Deaths .....	1	1	2

REPORT OF LACHLAN PARK HOSPITAL, NEW NORFOLK FOR THE YEAR ENDING 30TH JUNE, 1962.

INTRODUCTION

Further progress has been made in hospital development over the past 12 months. It would appear from the attached tables (see table 6) that the percentage of recoveries to new admissions over the year has been increased to 23.4 as opposed to 14.2 for the previous year. The total number of discharged per cent of new admissions for 1961-62 was 72% as opposed to 80% the previous year. The total number of patients resident on the 30th June, 1962 was 768 as compared with the figure of 755 for 1960-61 (see table 26). This means that over the past year we have been keeping patients for a slightly longer period in hospital than formerly with more intensive treatment resulting in a slightly increased number in relation to our bed state and a decreasing per cent of total admissions being discharged.

The main feature however, in relation to these figures, is that we are approximately 9% better off in relation to recoveries of total new admissions in 1961-62 as compared to the former year. It appears that the death rate in both years is identical, with the figure of 4.9%. This however, with increased turn-over of patients, is not a true indication in relation to absolute figures. As far as recovery rate for those patients who have been discharged from hospital, the figures compare favourably with the figure of 89 for 1961-62 and 50 for the year 1960-61.

Method of Admission

More than twice the number of patients were admitted as voluntary boarders than those admitted on private orders during the past year.



The same applied to the previous year. It is worth comment that in 1961-62, 219 patients returned to hospital from trial leave as opposed to 140 the previous year. This, I believe, is entirely due to better treatment facilities in the hospital together with the system of "open wards".

*Cost per patient*

(See table 35). Cost per head per day has increased from 32s. 4.08d. in 1961 to 34s. 3.42d. in 1962, but the average daily number of patients resident has risen from 746.30 in 1961 to 763.26 in 1962. These figures compare favourably with those of the previous year and is, I believe, entirely due to good catering and avoidance of waste throughout the hospital.

*General Comments in Relation to Above*

The standard and degree of treatment throughout the hospital has risen considerably over the past 12 months, due very largely to the acquisition of two (2) more fully trained psychiatrists, namely Drs. Dick and Huppert. This gives us an active work team of four (4) psychiatrists at present, excluding myself, and the therapeutic effects of this, in the forthcoming year, will, I feel, be very satisfactory.

*Medical Staff*

Our medical establishment is not yet complete, and as I have previously mentioned, our doctor requirements are much greater than what we at present possess. At present we have no medical officers, in the true sense of the word, although, I believe, we have a vacancy for one (1) medical officer and one (1) more psychiatrist in our establishment. Even this is not enough. The amount of untouched work in this hospital would be difficult to assess. Some patients in the hospital are hardly ever seen by their doctor, because it is a physical impossibility to grant one patient an hour's interview and then proceed to grant a similar interview of even shorter duration, to 50 people in the one day. This is not an over-statement. We are indeed fortunate in having two (2) new psychiatrists appointed, but we need more.

ADMINISTRATION

*Boiler House*

This unit, the centre of any hospital and about which the whole hospital revolves, is now at last functioning satisfactorily. A major work completed during the past year was a steam ring main from the boiler house to all wards, the new Nurses' Home and industrial buildings, resulting in a more efficient heating system. Thirty-seven and one-quarter million pounds of steam was generated by the Boiler House over the year and reticulation to all divisions in the new area has been kept in good repair without any breakdowns.

*Artisans*

There were, over the past year, 4854 requests for maintenance and new installations, which were attended to by the Artisan staff. This staff consists of the following:—

Maintenance fitters .....	3
Electricians .....	2
Carpenters .....	3
Plumbers .....	3
Painters .....	4
Bricklayers .....	2
Upholsterer .....	1
Motor mechanic .....	1

It must be quite obvious that these numbers are completely insufficient to maintain a hospital of this size in any degree of perfection.

*Laundry*

There were no major changes in the laundry during the year. However, the monthly average of pieces produced increased by approximately 10% to 101,500 pieces. The work for the Royal Hobart Hospital increased by about 25%. Dry cleaning has remained fairly constant with an average of 2250 pieces per month. The proposed laundry extensions and alterations are high on the priority list and it is hoped they will be carried out in the near future.

*Catering*

An innovation of the last year was the installation of a bread slicing and wrapping machine. Bread is now delivered to the wards in a specially designed food delivery van, and is sliced and wrapped in grease proof paper. This food delivery van has improved the standard of meals served to the wards, as now, individual needs such as custards and jellies, &c., can be delivered without damage, direct from the kitchen to the wards. The food ration scale has remained unchanged. General catering throughout the hospital is slowly improving, but there is still room for improvement.

*Hospital Stores*

The unsatisfactory arrangement of widely separated food and hardware stores still exists. This means loss of time in relation to staff and also loss of efficiency.

*Transport*

Our transport consists of eight vehicles together with one fire brigade truck, four tractors and trailers, farm and ground implements, all of which are serviced and repaired in the artisan engineering shop.

The hospital's fire brigade unit, designed and equipped by our own tradesmen, is now in its third year of service. This unit proved a great asset during the summer in dealing with grass fires, &c.

*Men's Hostel*

During the year we were unfortunate to lose entirely, due to fire, our Men's Hostel. We were fortunate that no lives were lost, but the building was completely gutted. Male nurses are now housed in the old Nurses' Home. This arrangement has proved most satisfactory.

*Farm*

The farm has now completely recovered from the effects of the flood in April, 1960. Vegetable production has increased above that of previous years and there has been sufficient vegetables to meet the needs of the hospital. Pig and poultry production have been normal. Milk production has increased owing to change in stock from Shorthorns to Friesians.

*Hospital Residences*

1961-62 saw the erection of two (2) commodious residences outside hospital grounds, in Montagu Street. As soon as the rentals of these houses can be determined, we will be in a position to occupy them. In the meantime, we are not short of residences for medical officers, if such can be appointed to the staff.



*Hospital Wards*

All our wards, with the exception of one, are functioning satisfactorily. Ward 2, during the past year, has been overhauled in relation to calorifiers and general layout of airway ducts, and the result has proved satisfactory. Ward 1 has given the hospital considerable cause for worry, the ward having closed down in approximately November of 1961 for extensive repairs to the heating and ventilation systems and although the latter has now recently been repaired satisfactorily, the ward is still uninhabitable by virtue of the fact that the paint work and other aspects are in urgent need of attention, but it is understood that a contract is to be let out, in the immediate future, for the re-painting of this ward, but this nevertheless will mean that the ward will not be occupied until sometime round about Christmas of this year. Other wards are kept in good repair as occasions demand, from time to time.

*Training School*

The Training School is functioning satisfactorily, 25 students having passed their first year examinations, seven their second year examinations and 10 the third year examinations, and eight students have this year, obtained their Psychiatric Nursing Certificates.

*General*

On the whole, the hospital has progressed in the past year and patients' activities, improvements to grounds, where we employ some patient

labour, have been stepped up. We are fortunate in the latter respect, of having acquired the most valuable services of a horticultural expert, who in the space of a few years, it would appear, will transform the appearance of the grounds into something more like what they should be.

CONCLUSION

Our thanks are due to the hospital staff, for their devotion to the task of caring for the mentally ill, and by hospital staff, I mean all staff, from nurses to artisans and administrative, all of whom contribute fully to the welfare of the hospital patients. Our thanks are due to the help and direction of the Director-General of Health Services and the Director of Mental Health for their constant advice and help in times of difficulty.

We would like to thank particularly, the Lachlan Park Hospital Auxiliary for the many acts of kindness they have performed in relation to patients' welfare and last of all I would commend the Retarded Children's Association for the efforts they are making for the betterment of the conditions of some of our unfortunate inmates and the efforts they are putting in to attempt to secure for them a happy existence.

I remain,  
Your obedient Servant,  
D. M. ANDERSON  
Superintendent Psychiatrist.

TABLE 26.

*Table Showing Admissions, Re-Admissions, Discharges and Deaths during the Year 1961-62.*

					Males	Females	Total	Males	Females	Total
In Hospital on 30th June, 1961	..	..	..	..	..	..	..	340	415	755
Admitted for the first time	..	..	..	..	158	161	319			
Re-admitted	..	..	..	..	30	32	62			
Returned from trial leave	..	..	..	..	109	110	219			
Total admitted and returned	..	..	..	..	..	..	..	297	303	600
Total under care during year	..	..	..	..	..	..	..	637	718	1,355
Discharged from hospital	..	..	..	..	145	129	274			
Proceeded on trial leave	..	..	..	..	123	144	267			
Died	..	..	..	..	22	24	46			
Total off records	..	..	..	..	..	..	..	290	297	587
Remaining in hospital at 30th June, 1962	..	..	..	..	..	..	..	347	421	768



TABLE 27.

Table Showing Numbers of Patients on, Returning from, and Discharged from Trial Leave during the Year 1961-62.

	Males	Females	Total	Males	Females	Total
On trial leave on 30th June, 1961 .. .. .	..	..	..	31	67	98
Proceeded on trial leave during year .. .. .	..	..	..	123	144	267
Total on trial leave during year .. .. .	..	..	..	154	211	365
Returned to hospital from trial leave during year ..	109	110	219			
Discharged from trial leave during year .. .. .	22	43	65			
Died whilst on trial leave .. .. .	3	4	7			
Total loss .. .. .	..	..	..	134	157	291
Remaining on trial leave, 30.6.62 .. .. .	..	..	..	20	54	74

TABLE 28.

Table Showing Manner in which Patients were Admitted during the Year 1961-62.

How Admitted	Males	Females	Total
Private Order .. .. .	39	67	106
Justice's Order .. .. .	13	3	16
Magistrate's Order .. .. .	7	3	10
Voluntary Boarders .. .. .	125	117	242
Inebriates Hospitals Act .. .. .	4	1	5
Section 13A .. .. .	..	2	2
Returned from Trial Leave—1961-1962 .. .. .	109	110	219
	297	303	600
First Admission .. .. .	158	161	319
Second Admission .. .. .	15	18	33
Third Admission .. .. .	6	4	10
Fourth Admission .. .. .	1	4	5
Fifth Admission and over .. .. .	8	6	14
Returned from Trial Leave .. .. .	109	110	219
	297	303	600

TABLE 29.

Table Showing form of Mental Disorder on Admission during 1961-62 and the form of Mental Disorder of Patients in Hospital on 30th June, 1962.

Form of Mental Illness	Admissions			Remaining in Hospital		
	Males	Females	Total	Males	Females	Total
A. Congenital Mental Deficiency:						
1. With Epilepsy .. .. .	4	9	13	22	38	60
2. Without Epilepsy .. .. .	9	11	20	49	68	117
3. With Schizophrenia .. .. .	3	3	6	18	18	36
B. Dementias:						
1. Senile .. .. .	11	27	38	21	58	79
2. Pre-Senile .. .. .	..	1	1	..	6	6
3. Secondary or Terminal .. .. .	..	..	..	..	4	4
4. Arteriosclerosis .. .. .	3	1	4	10	8	18
C. Organic Psychosis:						
1. Gross Brain Lesion .. .. .	3	1	4	2	2	4
2. Dementia Paralytica .. .. .	..	..	..	..	..	..
3. Epileptic Psychosis .. .. .	5	5	10	6	10	16
4. Alcoholic Psychosis.. .. .	32	5	37	31	..	31
5. Toxic or Confusional or Exhaustive Psychosis ..	6	3	9	18	8	26
6. Parkinsonism .. .. .	..	1	1	..	1	1
7. Huntingdon's Chorea .. .. .	..	..	..	1	1	2
D. Functional Psychosis:						
1. Manic Depressive Psychosis .. .. .	15	19	34	17	36	53
2. Involutional Melancholia .. .. .	5	14	19	14	20	34
3. Schizophrenia (not incl. A.3) .. .. .	27	23	50	45	62	107
4. Paraphrenia or Paranoid States .. .. .	11	16	27	33	47	80
5. Paranoia .. .. .	1	1	2	2	2	4
6. Recurrent Melancholia .. .. .	7	5	12	13	6	19
E. Psycho-Neurosis:						
1. Psychopathic Personality .. .. .	8	1	9	8	1	9
2. Anxiety State .. .. .	37	47	84	37	25	62
3. Hysteria .. .. .	1	..	1	..	..	..
Totals .. .. .	188	193	381	347	421	768



TABLE 30.  
Table showing Admissions and Re-admissions, Discharges, Deaths and the number of Patients remaining in Hospital on 30th June for each of the last 10 years.

Year	Admissions and Re-Admissions						Discharges						Deaths, including Deaths on Trial Leave			Remaining in Hospital on 30th June							
	Recoverd			Improved			Unimproved			Total			Discharged from Trial Leave			Deaths, including Deaths on Trial Leave			Remaining in Hospital on 30th June				
													Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males
	Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total					
1952-53	91	107	198	3	1	4	12	6	18	3	2	5	18	9	27	33	21	54	34	39	73	407	750
1953-54	129	102	231	3	1	4	37	11	48	4	2	6	44	16	60	38	54	92	27	48	75	408	771
1954-55	124	101	225	12	5	17	15	10	25	11	4	15	38	19	57	31	35	66	32	41	73	407	760
1955-56	124	100	224	29	19	48	23	9	32	7	1	8	59	29	88	24	45	69	16	41	57	388	766
1956-57	149	121	270	16	11	27	63	33	96	6	2	8	85	46	131	49	41	90	46	43	89	382	751
1957-58	219	160	379	4	..	4	130	85	215	14	5	19	148	90	238	31	36	67	36	37	73	375	757
1958-59	181	201	382	17	15	32	86	51	137	29	18	47	132	85	217	37	55	92	32	40	72	398	780
1959-60	278	139	417	10	15	25	72	53	125	44	16	60	126	84	210	49	71	120	33	27	60	463	814
1960-61	245	247	492	20	30	50	122	60	182	36	14	50	178	104	282	38	32	70	14	28	42	340	755
1961-62	188	193	381	46	43	89	70	63	133	29	23	52	145	129	274	22	43	65	22	24	46	347	768

TABLE 31.  
Table showing the number of Admissions, Discharges and Deaths for the Year 1961-62; the Percentage of Recoveries to New Admissions; the Average Daily Number Resident during the Year; and the Percentage of Deaths to the Average Daily Number Resident.  
Patients Discharged from Trial Leave are Classed as Recovered.

Admissions						Discharges						Deaths, not including Deaths whilst on Trial Leave											
First Admission			Treated Before			New Admissions			Recovered				Improved			Unimproved							
	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total		Males	Fe- males	Total	Males	Fe- males	Total					
Males																							
158	161	319	30	32	62	188	193	381	46	43	89	70	63	133	29	23	52	19	20	39			
Recoveries per cent of Total New Admissions						Total Discharges per cent of New Admissions						Average Daily Number Resident						Percentage of Deaths to Average Daily Number Resident					
Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total			
24.3	22.5	23.4	76.8	67.2	72.0	349	414	763	5.4	6.4	4.9												



TABLE 32.

Table showing in Quinquennial Periods the Ages of Patients Admitted to and Discharged from the provisions of the Mental Hospitals Act and of those that Died during the Year 1961-62.

Ages			New Admissions			Discharged from the Provisions of the Mental Hospitals Act									Deaths					
						Recovered			Improved			Unimproved						Total		
						Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total				Males	Fe- males	Total
Under 5 years .. .. .	7	4	11	1	..	1	..	..	1	1	2	2	1	1	3					
5 years and under 10 years	..	3	3	..	..	2	..	..	2	2	2	2	..	..	1					
10 years and under 15 years	1	2	3	3	4	5	3	7	1	1	10	10	6	4	..					
15 years and under 20 years	13	9	22	8	4	11	4	8	..	..	13	13	7	..	..					
20 years and under 25 years	15	9	24	15	3	11	4	14	2	2	13	27	14	..	..					
25 years and under 30 years	8	9	17	6	9	15	7	13	3	5	16	33	16	2	2					
30 years and under 35 years	18	13	31	8	10	18	9	19	5	4	22	46	24	..	..					
35 years and under 40 years	19	26	45	5	8	13	15	22	7	2	25	42	25	..	..					
40 years and under 45 years	33	21	54	3	4	7	12	20	8	5	21	38	21	1	2					
45 years and under 50 years	22	29	51	3	3	6	9	15	6	6	18	33	18	1	1					
50 years and under 55 years	14	19	33	3	2	5	2	5	3	..	5	10	5	1	1					
55 years and under 60 years	10	9	19	2	1	3	2	4	2	1	5	8	5	..	1					
60 years and under 65 years	6	16	22	1	1	2	2	5	3	..	3	8	3	3	7					
65 years and under 70 years	9	4	13	..	..	..	1	1	..	..	1	1	1	4	3					
70 years and under 75 years	9	7	16	1	..	1	..	..	..	..	1	1	1	4	8					
75 years and under 80 years	2	9	11	..	..	..	..	..	..	..	..	..	..	..	3					
80 years and under 85 years	..	2	2	..	..	..	..	..	..	..	..	..	..	..	3					
85 years and under 90 years	2	1	3	..	..	..	..	..	..	..	..	..	..	1	4					
90 years and under 95 years	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..					
Totals .. .. .	188	193	381	46	43	89	70	63	133	29	23	52	145	129	274					
														20	39					



TABLE 33.

Table showing the Causes of Deaths including Deaths on Trial Leave during the Year 1961-62.

Cause of Death	Males	Females	Total	Children under age of 16 years			Grand Total
				Males	Females	Total	
Arteriosclerosis .. .. .	..	4	4	..	..	..	4
Shock and Asphyxia .. .. .	..	1	1	..	..	..	1
Cerebral Thrombosis .. .. .	4	4	8	..	..	..	8
Myocardial Degeneration .. .. .	2	3	5	..	..	..	5
Cystic Kidney .. .. .	1	..	1	..	..	..	1
Coronary Thrombosis .. .. .	..	1	1	..	..	..	1
Lobar Pneumonia .. .. .	2	..	2	..	..	..	2
Broncho-Pneumonia .. .. .	3	3	6	2	..	2	8
Toxoplasmosis .. .. .	..	..	..	..	1	1	1
Epilepsy .. .. .	1	..	1	..	..	..	1
Heart Failure .. .. .	..	1	1	..	..	..	1
Hypostatic Pneumonia .. .. .	..	2	2	..	..	..	2
Carcinoma of the Pancreas .. .. .	1	..	1	..	..	..	1
Natural Causes .. .. .	1	..	1	1	..	1	2
Pulmonary Oedema .. .. .	1	..	1	..	..	..	1
Died whilst on Trial Leave .. .. .	3	4	7	..	..	..	7
	19	23	42	3	1	3	46

TABLE 34.

Statistical Record.

	Males	Females	Total
Population of Tasmania as at 31.3.62.. .. .	181,824	176,696	358,520
Proportion of patients per 1,000 of population (incl. patients on trial leave) ..	2.09	2.61	2.35
Proportion of admissions of certified patients per 1,000 of population (not incl. patients returned from trial leave) .. .. .	3.45	4.85	4.15
NOTE.—Admissions, not incl. voluntary boarders .. .. .	172	186	358

TABLE 35.

Financial Statement.

	Year Ended				
	30/6/58	30/6/59	30/6/60	30/6/61	30/6/62
Average Daily Number of Patients .. ..	750.48	764.23	783.29	746.30	763.26
Gross Cost per Year .. .. .	£400,647	£411,647	£445,304	£452,418	£488,897
Fees Received .. .. .	£6,581	£12,176	£7,844	£8,502	£7,476
Other Revenue .. .. .	£928	£1,147	£1,689	£3,513	£3,836
Gross Cost per Head per Day .. .. .	29s. 3.12d.	29s. 6.24d.	31s. 0.75d.	33s. 2.58d.	35s. 1.17d.
Nett Cost per Head per Day .. .. .	28s. 8.40d.	28s. 6.72d.	30s. 4.81d.	32s. 4.08d.	34s. 3.42d.



TABLE 36.

GOVERNMENT INSTITUTION FOR MENTAL DEFECTIVES.

*Financial Statement.*

	Year Ended				
	30/6/58	30/6/59	30/6/60	30/6/61	30/6/62
Average Daily Number of Patients .. ..	40.78	47.79	43.18	86.96	91.15
Gross Cost per Year .. .. .	£21,777	£25,756	£24,548	£52,717	£58,384
Fees Received .. .. .	£2,423	£4,903	£4,234	£8,148	£12,827
Other Revenue .. .. .	..	..	..	..	..
Gross Cost per Head per Day .. .. .	29s. 3.12d.	29s. 6.24d.	31s. 0.79d.	33s. 2.58d.	35s. 1.17d.
Nett Cost per Head per Day .. .. .	..	..	25s. 9.43d.	28s. 1d.	27s. 4.63d.

REPORT OF MILLBROOK RISE HOME FOR  
THE YEAR ENDED 30TH JUNE, 1962.

As will be seen by Table 38, there has been a further slight reduction in the number of patients treated at this home over the year 1961-62. This has been entirely due to nursing staff shortages. During the year just ended the Matron of Millbrook Rise was appointed Matron at Lachlan Park Hospital and her deputy at Millbrook Rise was also appointed to the staff of Lachlan Park Hospital. For a long time the newly appointed Matron, who occupied the vacancy created by Matron Peglar when she moved to Lachlan Park Hospital, had no trained female personnel to assist her and she frequently worked in the morning, slept in the afternoon, and then did night duty. Attempts were, of course, made to admit all cases in urgent need of treatment. This was mainly the cause of fewer patients as all attention had to be given to those most needing attention. We are now, however, in a much better position in relation to staffing at Millbrook Rise than we were at a similar time last year being only short of an Assistant sub-matron and two staff nurses. This means that in the coming year we will be able to accommodate higher percentages of persons at Millbrook Rise than has formerly been the case.

The gross cost per head per day is slightly reduced from the previous year. The net cost per head per day has almost been halved.

During the year there has been erected a new Recreation Room at the Home donated by the late Miss Viney in appreciation of services rendered her during her many admissions to hospital. This should prove a great asset to patients, from the recreation and rehabilitation point of view. We were unfortunate not to have the services of the Red Cross Association over the past year but we hope that this may possibly be rectified at some future date.

I would like to thank the Chairman and other members of the Millbrook Home Board together with the Deputy Medical Superintendent, Dr. C. I. A. Williams, for their unending interest in the home. We trust that the next year will show a greater activity in the home largely due to an almost complete staff.

I remain,  
Your obedient servant,  
D. M. ANDERSON,  
Medical Superintendent.

TABLE 37.

*Millbrook Rise Statistics 1961-62.*

Form of Mental Illness	Males	Females	Total
Anxiety State .. .. .	27	25	52
Melancholia and Depressive States .. .. .	8	17	25
Hysteria .. .. .	1	10	11
Schizophrenia and Schizoid States .. .. .	8	24	32
Paraphrenia and Paranoid States .. .. .	1	3	4
Manic Depressive Psychosis .. .. .	..	1	1
Alcoholism .. .. .	..	1	1
Obsessional .. .. .	..	2	2
Toxic Psychosis .. .. .	1	1	2
Senile and Pre-Senile Dementias .. .. .	..	1	1
Gross Brain Lesion .. .. .	1	..	1
Psychopath .. .. .	2	1	3
Total admissions during year .. .. .	49	86	135



TABLE 38.  
MILLBROOK PSYCHOPATHIC HOME.  
*Financial Statement.*

	Year Ended				
	30/6/58	30/6/59	30/6/60	30/6/61	30/6/62
Average Daily Number of Patients .. ..	19.73	16.49	17.31	16.28	14.65
Gross Cost per Year .. .. .	£25,908	£25,855	£27,100	£26,755	£23,997
Fees Received .. .. .	£14,336	£14,857	£13,992	£15,524	£16,525
Other Revenue .. .. .	..	..	..	..	..
Gross Cost per Head per Day .. .. .	71s. 11.16d.	85s. 10.97d.	85s. 6.36d.	90s. 0.25d.	89s. 9.05d.
Nett Cost per Head per Day .. .. .	32s. 1.68d.	36s. 6.48d.	41s. 4.56d.	52s. 3d.	27s. 11.36d.







